

<b>Case Number:</b>	CM15-0042897		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old male, who sustained an industrial injury on August 23, 2014. He reported low back pain. The injured worker was diagnosed as having depression, lumbosacral radiculopathy. Treatment to date has included conservative therapies including physical therapy, psychotherapy, pain medications and work restrictions. Currently, the injured worker complains of chronic low back pain and depression. The injured worker reported an industrial injury in 2014, resulting in chronic low back pain. He reported requiring pain medications daily to maintain function and the ability to perform activities of daily living. Evaluation on November 14, 2014, revealed continued low back pain and improving depression. However, he noted a pain flare up. Psychological and psychiatric evaluations were scheduled, pain medications were adjusted and renewed and a follow up exam was scheduled. Evaluation on December 12, 2014, revealed some improvement in the chronic pain flare up with recent adjustments to medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Hypnotherapy/relaxation training:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

**Decision rationale:** Regarding hypnotherapy, the majority of stress research has focused on stress management techniques for individuals. The psychology literature contains much information about meditation, relaxation techniques, and biofeedback for stress and anxiety, with considerable debate on the theories and mechanism of action (e.g., placebo, operant conditioning). This injured worker has improved depression from prior treatment with psychotherapy and current medications. The records do not substantiate medical necessity for the addition of hypnotherapy or a rationale for why hypnotherapy is necessary at this point.