

<b>Case Number:</b>	CM15-0058058		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old female who sustained an industrial injury on January 21, 2013. She has reported neck pain with associated cervicogenic headaches as well as pain radiating down to both upper extremities left greater than right. Diagnoses include cervical myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement status post arthroscopic surgery right shoulder, and lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. Treatment has included injection, surgery, physical therapy, chiropractic care, and medical imaging. Cervical spine examination revealed tenderness to palpation bilaterally with increased muscle rigidity and decreased range of motion. Examination of the right shoulder revealed positive tenderness along the joint line with decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity and decreased range of motion. The treatment request included medical hypnotherapy/relaxation. Per the doctor's note dated 12/17/14 patient had complaints of pain in neck, shoulder, back and foot, anxiety and depression, fatigue, low energy, tiredness, loss of motivation. Physical examination revealed no psychomotor agitation or retardation, sad and anxious mood, no suicidal ideation. The medication list include psychotropic medication (unspecified), ibuprofen and Protonix. The patient had received psychotherapy, CBT and hypnotherapy/relaxation therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy/relaxation 2x per month every month for 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

**Decision rationale:** Medical hypnotherapy/relaxation 2x per month every month for 1 year. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The patient had received psychotherapy, CBT and hypnotherapy/ relaxation therapy for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for Medical hypnotherapy/relaxation 2x per month every month for 1 year is not fully established for this patient.