

<b>Case Number:</b>	CM15-0086933		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: California

Certification(s)/Specialty: Psychologist

### 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 46 year old female, who sustained an industrial injury on 10/6/2010. She reported neck and low back pain. The injured worker was diagnosed as having cervicalgia, cervical disc displacement, lumbar spine pain, lumbar disc displacement, mood disorder, stress, anxiety disorder, and sleep disorder. Treatment to date has included medications, trigger point imaging, and psychological evaluation. The request is for 9 medical hypnotherapy/relaxation training. On 3/30/2015, she complained of neck pain rated 7-8/10, low back pain rated 8/10. She indicated medications to only provide temporary relief of her pain. The treatment plan included: medications, pain management, acupuncture, physical therapy, continuing shockwave therapy, and follow up. On 3/23/2015, she was seen for complaint of pain that interfered with activities and sleep, feeling sad, lack of appetite, and feeling tired. She is reported to have a sad and anxious mood, restlessness, and tired appearance. The treatment plan included: cognitive behavioral psychotherapy, and relaxation training/hypnotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 medical hypnotherapy/relaxation training:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Hypnosis.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his supervisees to treat her psychiatric symptoms of depression and anxiety. Unfortunately, the submitted records from [REDACTED] fail to indicate the number of completed psychotherapy and/or hypnotherapy sessions to date or the measurable progress that has been achieved via the completed sessions. The progress report dated 3/23/15 simply states, "Patient has made some progress towards treatment goals as evidenced by patient reports of improved mood and motivation with treatment." This statement is too vague and generalized and does not offer enough information. Without sufficient information to substantiate the need for additional treatment, the request for an additional 9 hypnotherapy/relaxation training visits is not medically necessary.