

Case Number:	CM15-0089561		
Date Assigned:	05/13/2015	Date of Injury:	07/22/2009
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 60 year old female, who sustained an industrial injury on 07/22/2009. She has reported subsequent low back and upper extremity pain and was diagnosed with reflex sympathetic dystrophy, brachial neuritis, spinal stenosis and idiopathic peripheral neuropathy. Treatment to date has included oral and topical pain medication. The injured worker was also noted to suffer from depression and anxiety and was treated with anti-depressant medication and cognitive behavioral therapy. In a progress note dated 03/13/2015, the injured worker complained of depressive and anxious symptomatology, insomnia, excessive worry and chronic pain as well as heart palpitations, thoughts of death and social withdrawal. Objective findings were notable for a sad and anxious mood, depressed affect and verbalization of feelings of hopelessness and helplessness. A request for authorization of 12 medical hypnotherapy/relaxation training sessions once per week x 12 weeks for mood disorder as an outpatient was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Medical Hypnotherapy/ Relaxation Training, 1 x 12 weeks, total 12 sessions for Submitted Diagnosis of mood Disorder, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Pain (Chronic) Page(s): Topic: Hypnosis.

Decision rationale: ODG states Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The request for 12 Medical Hypnotherapy/ Relaxation Training, 1 x 12 weeks, total 12 sessions for Submitted Diagnosis of mood Disorder, as an outpatient exceeds guideline recommendations for an initial trial of 4 visits over 2 weeks and thus is not medically necessary.