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| Case Number: | CM14-0124844 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 04/05/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 31-year-old female with a 4/5/11 date of injury. The mechanism of injury occurred when she was struck by an opening cooler door. According to a progress note dated 6/3/14, the patient complained of neck pain that radiated into her right upper extremity, right shoulder pain, low back pain, and left knee pain. Objective findings: tenderness to palpation of cervical spine, right upper extremities, and thoracolumbar spine; paravertebral muscle spasms present; restricted ROM of cervical spine, right shoulder, and lumbar spine. Diagnostic impression: cervical spine herniated nucleus pulposus; right shoulder internal derangement; carpal tunnel syndrome; lumbar spine herniated nucleus pulposus; postoperative left knee ACL reconstruction; secondary stress, anxiety, and depression. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment, acupuncture, trigger point injections, surgery. A UR decision dated 7/8/14 denied the request for medical hypnotherapy/relaxation therapy x6. A specific rationale was not provided. However, it is noted that 4 medical hypnotherapy visits were certified on 9/25/13 and 6 visits were certified on 1/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPONOTHERAPY/RELAXATION THERAPY X6: 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) Pain Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that 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. 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). There was no documentation regarding hypnotherapy in the reports provided for review. However, according to the UR decision dated 7/8/14, it is noted that 4 medical hypnotherapy visits were certified on 9/25/13 and 6 visits were certified on 1/20/14. Additional hypnotherapy visits would exceed the maximum number of guideline supported visits. In addition, there was no documentation of functional gains from the previous hypnotherapy visits. Therefore, the request for medical hypnotherapy/relaxation therapy x6 is not medically necessary.