

Case Number:	CM14-0161448		
Date Assigned:	10/06/2014	Date of Injury:	01/01/2012
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 case is a 45 year old female with a date of injury on 1/1/2012. A review of the medical records indicates that the patient is undergoing treatment for depression, cervical sprain, and shoulder pain. Subjective complaints include (8/28/2014) insomnia due to pain, "pain controlled with medication". Objective findings (8/28/2014) include tenderness to cervical neck muscles, limited cervical neck range of motion, and decreased grip strength to right extremity. Treatment has included tramadol, psychiatric evaluation, chiropractic sessions, rotator cuff repair (2013), and physical therapy. A utilization review dated 9/16/2014 non-certified a request for Medical Hypnotherapy/Relaxation Training X 12 due to lack of clinical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Medical Hypnotherapy/Relaxation Training sessions: 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, Hypnosis

Decision rationale: MTUS and ACOEM are silent with regards to hypnosis for treatment of pain. ODG states regarding hypnosis, "recommended as a conservative option, depending on the

availability of providers with proven outcomes, but the quality of evidence is weak." ODG further details criteria for hypnosis: - 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 is for 12 sessions, which is in excess of the initial 4 (four) trial sessions recommended by ODG. The treating physician does not detail extenuating circumstances that would warrant approval for 12 sessions without interim evaluation of the initial trial to determine if treatment was successful or not. As such, the request for twelve (12) Medical Hypnotherapy/Relaxation Training sessions is not medically necessary and appropriate.