

<b>Case Number:</b>	CM14-0176747		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 licensed in Psychology 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:

The claimant is a 57 year-old female (██████████) with a date of injury of 10/28/10. The claimant sustained injuries to her low back, bilateral lower extremities, and bilateral upper extremities when a stack of heavy totes fell and struck her, causing her to fall and also sustain an injury to her head. The claimant sustained these injuries while working for ██████████. In his "Orthopedic Joint Panel Qualified Medical Re-Examination" dated 5/21/14, ██████████ offered the following assessment: (1) Status post mechanical fall with a crush injury on 10/28/10; (2) Rupture of a left breast implant, per PRI study dated 12/3/10, probably due to the crush injury on 10/28/10; (3) Chronic neck pain with C5-6 degeneration; (4) Chronic lower back pain with L4-5 degeneration and spondylolisthesis; (5) Chronic bilateral L5 radiculopathy, based on EMG/NVC studies dated September 7, 2011; (6) Left knee pain with medial and lateral meniscal tearing, confirmed by an MRI dated 1/25/13, status post left knee arthroscopy with partial medial and lateral meniscectomies, tricompartmental chondroplasty and synovectomy on 8/29/13; (7) Chronic dependency on Norco; (8) History of gastric bypass surgery; (9) Weight gain since the 10/28/10 injury; and (10) Probable depression. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Doctor's Report of Occupational Injury or Illness" dated 9/26/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder, NOS; (3) Female hypoactive sexual desire disorder due to chronic pain; and (4) Insomnia related to anxiety disorder NOS and chronic pain. The request under review is for an initial 12 sessions of hypnotherapy/relaxation training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/Relaxation Training 1 Time A Weeks for 12 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 and Stress Chapter ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**Decision rationale:** Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in October 2010. She also experiences symptoms of depression and anxiety secondary to her chronic pain. In his "Doctor's Report of Occupational Injury or Illness" dated 9/26/14, ██████████ recommended an initial 12 sessions of group psychotherapy and 12 sessions of hypnotherapy/relaxation training. He also recommended a psychiatric evaluation and monthly follow-up appointments for 6-8 months. The request under review is based on his recommendation of 12 initial hypnotherapy sessions. The ODG indicates that the number of hypnotherapy sessions "should be contained within the total number of psychotherapy sessions." The CA MYUS recommends an "initial trial of 3-4 psychotherapy visits over two weeks" for the treatment of chronic pain and the ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given these guidelines, the request for an initial 12 hypnotherapy sessions exceeds the number of initial psychotherapy sessions as recommended by both the CA MTUS and the ODG. As a result, the request for "Hypnotherapy/Relaxation Training 1 Time a Week for 12 Weeks" is not medically necessary.