

Case Number:	CM14-0213796		
Date Assigned:	12/31/2014	Date of Injury:	07/24/2010
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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:

Injured worker is a 53 year old female with date of injury 07/24/2010. Date of the UR decision was 11/24/2014. She sustained injury to her lower back while lifting a box of tanning lamps. She was diagnosed with traumatic musculoligamentous strain of cervical spine, cervical spondylosis, herniated disc at C5-C6, C6-C7 levels, degenerative changes at C5-C6 level and C6 radiculitis in left arm. Per report dated 9/22/2014, the injured worker reported being very depressed because of chronic pain in the neck and lower back. It was suggested that she suffers from failed back syndrome with neuritis and radiculitis to the left lower extremity. She was prescribed Lyrica 150 mg twice daily and Norco 5/325mg daily. Per report dated 8/13/2014, the injured worker was being prescribed Amitriptyline and Diazepam for depression and anxiety. Per report dated 11/12/2014, she presented with subjective complaints of sadness, helplessness, hopelessness, irritability, social isolation, crying episodes, thoughts of death, anger, difficulty concentrating, dizziness, sleep difficulties, and headaches. Objective examination revealed depressed affect, memory difficulties, poor concentration, preoccupation with physical limitations and pain, sad mood, tearfulness, dysphoric mood, bodily tension, and apprehension. Diagnoses given to the injured worker were major depressive disorder, single episode, severe; generalized anxiety disorder; insomnia related to a generalized anxiety disorder and chronic pain; and a stress-related physiological response affecting headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation training for 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypnosis, Pain (Chronic)

Decision rationale: MTUS is silent on the topic of hypnosis. 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) Upon review of the submitted documentation, it is ascertained that the injured worker suffers from chronic pain and psychological issues secondary to the same. She has been authorized for 4 sessions of group therapy per the UR physician. The request for Medical hypnotherapy/ relaxation training for 12 visits is excessive and not medically necessary as the data to support the efficacy hypnosis for chronic low back pain are limited. Also, relaxation therapy would be a part of group psychotherapy that has been authorized for the injured worker. The request also exceeds the maximum number of sessions recommended for an initial trial in the cases where it could be beneficial. Thus, the request is not medically necessary at this time.