

Case Number:	CM14-0057712		
Date Assigned:	07/09/2014	Date of Injury:	11/17/2008
Decision Date:	02/18/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 57 year old -male with date of injury 11/17/2008. Date of the UR decision was 4/22/2014. Per report dated 10/27/2014, the injured worker presented with neck pain, pain in the bilateral shoulders, pain in the lower back, bilateral knee pain and pain in the right ankle. He was prescribed Anaprox Ds 550 Mg Tablet, Ultram 50 Mg Tablet, Norco 10-325 Tablet MgPercocet 10-325 Mg Tablet and Protonix Dr 20 Mg Tablet by the treating provider. On objective findings, he walked with an analgic mildly forward flexed gait pattern with help of a four wheeled walker with seat. There was palpable tenderness of the paravertebral muscles, bilaterally. He was diagnosed with chronic neck pain, left shoulder degenerative joint disease, bilateral lumbar radiculopathy, left shoulder cuff repair, status post open repair, spondylosis L2-S1, neural foraminal stenosis L1-S1, partial thickness tear at supraspinatus, infraspinatus and subscapularis, status post arthroscopic release for frozen shoulder. Psychological assessment dated 9/26/2014 listed subjective findings as sad and anxious at times, he reported an increase in mood. Injured worker reported that his physical symptoms at times are exacerbated by stress and was experiencing an increase in his sleep due to medication. Patient reports financial difficulties. He reported that the treatment is helping with depressed and anxious mood. He was diagnosed with Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia Related to Generalized Anxiety Disorder, Chronic Pain and Stress-Related Physiological Response Affecting. Headaches. The treatment plan included to continue with cognitive behavioral group psychotherapy weekly sessions and relaxation training/Hypnotherapy weekly sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy one time a week for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines (ODG), Treatments in Workers Compensation, 2014 web-based edition

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: Official Disability Guidelines 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. Official Disability Guidelines 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 injured worker suffers from chronic pain and the psychological consequences of the same. The guidelines recommend an initial trial of 4 visits and a total of up to 10 visits if there is evidence of objective functional improvement. The request for hypnotherapy one time a week for twelve weeks exceeds the maximum number of visits per the guideline recommendations. Thus, the request is not medically necessary.