

Case Number:	CM15-0112431		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2009
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male sustained an industrial injury to the low back and neck on 5/29/05. Previous treatment included lumbar laminotomy and microdiscectomy (1/19/12), lumbar discectomy (1/23/12), physical therapy and medications. Magnetic resonance imaging lumbar spine (11/21/14) showed disc herniation and facet hypertrophy at L2-3 causing indentation of the thecal sac. Electromyography bilateral lower extremities (1/29/15) contained findings suggestive of left S1 radiculopathy. In the most recent PR-2 submitted for review, dated 3/10/15, the injured worker complained of ongoing low back pain. The injured worker had been without the Fentanyl patch for the past month and had only been using Dilaudid for pain control. As a result, the injured worker's symptomology was markedly worse. The injured worker's wife stated that without the medications, the injured worker had been incapacitated and unable to do normal activities. The injured worker had been considering a spinal cord stimulator implant. The injured worker had undergone psychiatric evaluation approximately six months prior to exam. Current diagnoses included bilateral hip degenerative joint disease, lumbar annular tear with facet arthropathy, lumbar disc herniation, lumbar stenosis, right leg radiculopathy, left shoulder arthritis and depression. The treatment plan included prescriptions for Fentanyl and Dilaudid and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. 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) Mental Illness & Stress, Hypnosis.

Decision rationale: The claimant sustained a work injury and May 2005 and continues to be treated for pain radiating neck pain. When seen, there was positive left shoulder impingement testing. There was an antalgic gait. There was decreased lower extremity strength. There was lumbar spine muscle spasms with tenderness. A spinal cord stimulator trial was recommended. He was felt to have severe depression and a psychiatric evaluation and hypnotherapy were recommended. Hypnosis is recommended as an option in the treatment of PTSD. In this case, the claimant does not have any established psychiatric diagnosis. The request was not medically necessary.