MAXIMUS Federal Services

Case Number:	CM14-0033622		
Date Assigned:	06/23/2014	Date of Injury:	07/22/2009
Decision Date:	08/18/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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
Certification(s)/Specialty: Psychologist

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 injured worker (IW) is a 53 year old female who sustained an industrial injury on 07/22/2009. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having: Severe right ulnar nerve trauma at the right wrist (posttraumatic), Mild bilateral carpal tunnel syndrome (left is due to overuse), Chronic regional pain syndrome of the right hand/arm, Chronic insomnia and depression, Chronic myofascial pain syndrome cervical spine. Treatment to date has included medications for pain, depression, and insomnia. Currently, the injured worker complains of frequent pain and numbness in the right hand and arm and pain and numbness in the left hand. She has headaches, neck and shoulder pain and remains depressed and anxious, rating her depression as a 7 on a scale of 0-10, and feels her current pain and discomfort is affecting her activity and ability to concentrate, interact with others and enjoy life. She is having difficulty sleeping. Objectively she appears quite depressed. Her range of motion of the cervical spine was slightly restricted in all planes. She had multiple myofascial trigger points and taunt bands throughout the cervical paraspinal, trapezius, and levator scapulae, scalene, infraspinatus muscles on the right as well as the interscapular muscles. Spurling's and neck compression were both positive. Sensation to fine touch and pinprick was decreased in the lateral aspect of the right arm as well as the 3rd, 4th and 5th digits of the right hand with marked deformity of the right 4th and 5th digits due to severe ulnar neuropathy. There was atrophy of the FDI muscle and of the bilateral thenar muscles. She could not fully flex the digits of the right hand or make a fist. The left wrist was diffusely tender and the range of motion moderately decreased. There was no swelling of the left

hand, sensation to fine touch and pinprick was decreased in the 1st, 2nd and 5th digits of the left hand. Grip strength on the left was decreased. The plan of care was to discontinue Tramadol Hcl, and dispense Cyclobenzaprine, Tramadol/APAP, and mirtazapine. A request for authorization was made for the following: 6 medical hypnotherapy/relaxation training, once a week for 6 weeks, for the management of symptoms related to the right hand/wrist and cervical spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 medical hypnotherapy/relaxation training, once a week for 6 weeks, for the management of symptoms related to the right hand/wrist and cervical spine, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, topic: hypnosis, March 2015 update.

Decision rationale: The CA-MTUS guidelines are nonspecific for hypnosis, however the official disability guidelines does discuss the use of hypnosis and says that it is recommended as an option, a therapeutic intervention that may be an effective adjunct to procedure in the treatment of post-traumatic stress disorder PTSD. And hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. It is also mentioned as a procedure that can be used for irritable bowel syndrome. Hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise. The total number of visits should be contained within the total number of psychotherapy visits. The ACOEM discusses the use of relaxation therapy: The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestation of daily, continuous stress. The main disadvantage is that formal training, at a cost is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. According to a March 6, 2014 utilization review the request for 6 medical hypnotherapy/relaxation training sessions to be held once a week for 6 weeks was non-certified. This IMR will address a request to overturn that utilization review decision. The provided medical records do not support this request. There is no clear indication of how much prior treatment the patient has received to date. There are treatment progress notes that were provided for example January 13, 2014 that mention that the patient has been receiving ongoing psychological treatment including relaxation training sessions. Treatment goals are listed as: "decrease frequency and intensity of depressive symptoms, improve duration and quality of sleep, decrease frequency and intensity of anxious

symptoms. Goals are not updated from one progress note to the next and there's no estimated dates of accomplishment of goals nor is there any indication of prior goals that have been completed. There is no active treatment plan that is updated from session to session. It is noted that the patient has "made progress in with improved mood and sleep with medication and group psychotherapy. No objective measures of functional improvement were provided. The medical necessity of this request was not established due to insufficient evidence of patient benefit from prior treatment as well as information regarding session quantity and duration that is already been provided to date.