

Case Number:	CM14-0073845		
Date Assigned:	07/16/2014	Date of Injury:	07/22/2009
Decision Date:	09/21/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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: Physical Medicine & Rehabilitation

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 the injury is not found in the records reviewed. The injured worker was diagnosed as having: Severe right ulnar nerve trauma at right wrist (posttraumatic), Mild bilateral carpal tunnel syndrome (left is due to overuse), CRPS (chronic regional pain syndrome) of right hand and arm, Chronic insomnia and depression, Chronic myofascial pain syndrome cervical spine, Pain, numbness and weakness of left hand and arm due to overuse. Treatment to date has included medications and neurological and pain management. Currently, the injured worker complains of frequent numbness and pain in her right hand and arm as well as pain and numbness in the left hand. Symptoms have been getting worse due to overuse. She complains of headaches, neck and shoulder pain, and rates her accompanying depression and anxiety at a 7 on a scale of 0-10. Pain and insomnia affects her social interactions and activities of daily living. On exam, she appears very depressed. Her range of motion in the cervical spine is depressed in all planes. Multiple myofascial trigger points were noted in the cervical paraspinal and muscles of the upper thoracic area. She has marked deformity of the right hand 4th and 5th digits due to severe ulnar neuropathy. She has diffuse tenderness of the left wrist on palpation with moderate decrease in range of motion in all planes. She has been in-group psychotherapy for her persisting pain, frustration and anxiety. Medications include Cyclobenzaprine, Tramadol, and Mirtazapine. The plan is for discontinuation of Tramadol extended release and dispensing Tramadol/APAP for one tab three times daily. She also has been in group psychotherapy to help cope with physical condition, levels of pain, and emotional

symptoms. A request for authorization was submitted for 6 Additional relaxation Training/Hypnotherapy 1x/Week for 6/Weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional relaxation Training/Hypnotherapy 1x/Week for 6/Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, and Stress/Mental.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Hypnosis, pages 532-533.

Decision rationale: Per Guidelines, hypnosis is a therapeutic intervention that may be as effective as an adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares; however, submitted report has not demonstrated clear specific incident of PTSD nor failed initial treatment trial of individual psychotherapy and cognitive behavioral therapy to support for current request. There is also no clinical exam identifying specific objective findings for diagnosis of PTSD. The 6 Additional relaxation Training/Hypnotherapy 1x/Week for 6/Weeks is not medically necessary.