

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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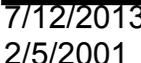


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**Notice of Independent Medical Review Determination**

Dated: 11/27/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/12/2013
Date of Injury:	2/5/2001
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001860

- 1) MAXIMUS Federal Services, Inc. has determined the request for four sessions of hypnotherapy **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for four sessions of hypnotherapy is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 60 year old female who in 2001 sustained a shoulder injury at work when a file cabinet fell on her. She endured shoulder, arm, neck and back injuries and has had three surgeries for the shoulder. She also notes pain disorder, major depressive disorder, anxiety, sinus problems, dental issues and a possible parasitic infection in which parts of bugs are crawling out of her skin and she is coughing and vomiting parts of the bugs. She was diagnosed with delusional parasitosis and feels she is going to die from this condition. Treatment has been several sessions over the years of psychotherapy for depression and chronic pain syndrome. She had four sessions of hypnotherapy and requests another four sessions because they were helpful according to the patient in managing her pain.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for four sessions of hypnotherapy:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Psychological Treatment, which is a part of MTUS, and the Official Disability Guidelines, Mental Illness & Stress Procedure Summary, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cognitive Behavior Treatment (CBT), page 23, which is a part of MTUS, and the Official Disability Guidelines, Mental Illness & Stress Procedure Summary, which is not a part of MTUS.

Rationale for the Decision:

The employee was injured in 2001, and was treated for that injury but the pain persists. The employee has many medical treatments and various cognitive behavior treatments (CBT) including hypnotherapy. The goal of therapy is functional improvement not the elimination of pain to a pre-existing state. The employee has not shown objective or subjective functional improvement. In fact, the records provided for review indicate there has been development of many new problems that are unrelated to the original industrial accident. Of particular concern is the diagnosis of psychotic delusional symptoms of bugs crawling out of the skin. This has not been addressed or thoroughly evaluated, separate from the industrial incident. Since hypnosis must be part of an overall psychotherapeutic plan, including CBT, it cannot be approved. The reason is that the employee has shown no objective improvement from the CBT for pain management in 12 years, and hypnosis must be part of that program. The employee has exceeded the usual term of treatment with this overall program, and continues to be symptomatic and accruing more, not less, symptoms, without functional improvement being demonstrated. **The request of four sessions of hypnotherapy is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.