

Case Number:	CM13-0023962		
Date Assigned:	11/20/2013	Date of Injury:	07/08/2010
Decision Date:	01/17/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who reported an injury on 07/08/2010. Notes detail the patient's mechanism of injury to be repetitive and prolonged work duties. Notes indicate that the patient is currently clinically assessed with a mild bilateral C5 radiculopathy based on electrodiagnostic studies. Notes indicate that the patient maintains headaches for which the patient is currently being treated with Topamax and the patient has additional findings of upper and lower back pain which is controlled with trigger point injections. The patient also is diagnosed with depression and anxiety and indicates that his current pain and discomfort slightly impact his general activity and enjoyment of life and notes that his pain has moderate impact on the patient's ability to concentrate and interact with other people. The patient also endorses difficulty with sleep. A psychological permanent and stationary evaluation on 05/23/2013 indicated a recommendation for future medical treatment to address symptoms of depression and anxiety as well as sleep disturbance with continued psychotherapy and psychiatric care. Recommendation was made for continued treatment on a twice per month basis and psychiatric treatment every 2 months for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of medical Hypnotherapy between 8/16/2013 and 9/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy; and Chronic Pain Medical Treatment Guidelines, online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hypnosis.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not specifically address Hypnotherapy. The Official Disability Guidelines state that hypnosis may be 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. However, data to support the efficacy hypnosis for chronic low back pain is limited. Hypnotherapy Guidelines recommend an initial trial of 4 visits over 2 weeks; and with evidence of objective functional improvement, total of up to 10 visits over 6 weeks may be warranted. A prior peer review indicates a clinical note dated 07/01/2013, which indicated that the patient reported that he was easily agitated and had difficulty falling asleep at night; however, the patient reported an improvement in sleep and mood with medications and ongoing psychotherapy. Notes indicated that the patient was being treated with individual psychotherapy and group therapy twice a month. Furthermore, there was indication in the notes that the patient had previously received hypnotherapy treatments; however, there was no documentation for the requested dates of service to indicate that the patient had a clinically significant improvement in activities of daily living or a reduction in work restrictions or a reduction in dependency on continued medical treatment with prior sessions attended. Furthermore, the current request for 12 sessions of medical hypnotherapy exceeds the recommendation of the guidelines for a total of up to 10 visits over 6 weeks. Moreover, given the lack of demonstrated efficacy of prior sessions of hypnotherapy between 08/16/2013 and 09/30/2013, the request for 12 sessions of medical hypnotherapy between 08/16/2013 and 09/30/2013 is not medically necessary and appropriate.