MAXIMUS Federal Services

| Case Number: | CM13-0028964 | | |
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| Date Assigned: | 11/01/2013 | Date of Injury: | 01/21/2011 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/24/2013 |

## 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. The expert reviewer is licensed 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 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:

According to the medical records that were provided for this IMR, this patient is a 55 year old female who reported an industrial/occupational injury that occurred on January 21, 2011 during her normal and usual customary work duties as a packer for [redacted]. She worked on a conveyor belt packaging meet and preparing food items. On the date of injury she was struck by a manual pallet jack that was being pushed by a coworker resulting causing her to fall and landed on her left side and resulted in injury/pain to her left hand/wrist, left hip, right hip, right upper back, low back, and neck. The primary complaint is in her low back that radiates into both legs and is worse on the left side. She has been diagnosed with lumbar disc displacement myelopathy, cervical disc herniation with myelopathy, thoracic disc displacement without myopathy, lesion of sciatic nerve avascular necrosis, and bursitis. This IMR will be focused on the injuries reported to have occurred to her psyche. Psychological evaluation was conducted in April 2013 and reflected the following: she stated that she was seeking help depression and anxiety and coping with: "everything that is happening to me" and for help because of forgetfulness. There is marital stress, loss of interest in engaging socially, depression about financial situation and severe anxiety. She reports psychological injury that resulted from her medical injury because she is depressed and unable to work due to pain and that sexual relations with her husband have stopped putting the marriage in jeopardy and that everything in her life has changed including self-care and grooming and interactions with friends and her children. A concern about exaggeration/embellishment of her psychological symptoms were mentioned in the report. She reportedly started psychological treatment beginning on December 12, 2012. The treatment consisted of attending group therapy once a week and seeing the psychologist a month for follow-up. She also received psychiatric treatment the following medications prescribed: Wellbutrin, Anaprox, and Trazodone. Beck Depression Inventory scores indicated severe

depression and anxiety. She has been diagnosed with: Adjustment Disorder with Depressed Mood; Pain Disorder.Progress notes from her treating psychologist were reviewed from May 2013 mentions the patient has some improvement in her mood remains emotional and irritable crying spells and sleeping difficulties, that she is tense and nervous and worried about her finances and her mood is sad and anxious and apprehensive. Treatment plan was listed as continuing cognitive behavioral and supportive psychotherapy group 1 session per week. A similar treatment note April 2013 mentions having a headache in addition to the above-mentioned symptoms. Treatment planning diagnosis remained unchanged. A prior treatment progress note from January 2013 from the same treating psychologist is not provided but summarized in a report and was identical in content.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL HYPNOTHERAPY TIMES 1 SESSION PER WEEK:** 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) Mental Illness and Stress Chapter, Topic: Hypnosis, June 2014 Update.

**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 and Stress Chapter, Topic: Hypnosis, June 2014 Update.

**Decision rationale:** A request was made for: "medical hypnotherapy one time per week" The CA-MTUS guidelines are nonspecific for medical hypnotherapy; however, the official disability guidelines do address the issue of hypnosis and state it is recommended as an option as a therapeutic intervention that may be an effective and injunctive procedure in the treatment of posttraumatic stress disorder and may be used to alleviate PTSD symptoms. Hypnosis should be used only by credentialed health professionals who are properly trained in the clinical use of gnosis and are working within the areas of their professional expertise and that the number of hypnosis session visits should be contained within the total number of psychotherapy visits.This request was made for an unspecified number of sessions of hypnosis, because the session quantity being requested was not provided, the request is understood to be for an unlimited numbers of sessions. There is no discussion with regards to the use of medical hypnotherapy in any of the prior treatment progress notes that were provided. There is no discussion of outcome from prior sessions and whether or not the procedures for effective, or how frequently they were used. The exact number of prior sessions of medical that therapy was not provided, and it was no discussion of who provided the treatment and whether or not they have the proper training and background credentials as specified in the above-mentioned guidelines. The medical necessity of this request is not supported by the documentation that was provided for this IMR and the request to overturn the utilization review is not approved.