

<b>Case Number:</b>	CM13-0038658		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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:

The patient is a 51 year old female with injury on 2/26/2013. The patient has subjective complaints of ongoing anxiety, depression, difficulty sleeping, nightmares, and flashbacks regarding events of the injury. On psychiatric exam the patient had a sad and anxious mood. Diagnoses include depressive disorder, acute PTSD, and insomnia. Previous utilization review certified 4 sessions of medical hypnotherapy and group medical psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy x 20 visits:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PAIN/PTSD, HYPNOSIS

**Decision rationale:** CA MTUS is silent on this issue. ODG recommends hypnosis as an option for a defined diagnosis of PTSD, for which this patient has. Guidelines indicate that an initial trial of 4 visits is recommended. Therefore the request for 20 visits without documented

subjective improvement of an initial trial is not supported. The medical necessity of 20 hypnotherapy visits is not established.

**Group medical psychotherapy & psychotherapy x 20 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23.

**Decision rationale:** CA MTUS guidelines recommend psychological treatment for appropriately identified patients with pain and co-morbid conditions such as PTSD, depression, and anxiety. The documentation provided indicates the diagnoses of anxiety, depression and PTSD. Guidelines support an initial trial of 4 psychotherapy sessions. The requested sessions exceeds the amount for psychotherapy guidelines. Therefore, 20 psychotherapy sessions are not medically necessary.