

Case Number:	CM13-0038739		
Date Assigned:	06/06/2014	Date of Injury:	07/22/2009
Decision Date:	08/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/01/2013

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 Clinical 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 records provided for this independent medical review, this patient is a 51 year old female who reported an industrial/occupational work-related injury on July 22, 2009. No details relating to the cause of her injury or the nature of her employment were provided. Medically she has diagnoses of severe right ulnar nerve trauma at the right wrist; mild bilateral carpal tunnel syndrome; CRPS-1 (RSD) of the right and/arm and chronic Myofascial pain syndrome, cervical spine. Psychologically, she has been diagnosed with Generalized Anxiety Disorder; Major Depressive Disorder, single episode, mild; Female Hypoactive Sexual Desire Disorder; and Sleep Disorder, Insomnia type. A progress note from July 22, 2013 noted the patient was reporting improved emotional condition and sleep but continues to have: excessive worry feelings of sadness and guilt; very critical; lonely, depressed and anxious mood; and preoccupation with physical condition and limitations. A treatment update slash progress report from January 13, 2014 notes that the patient is having severe sleep disorder and headaches that require continued treatment; progress made ports treatment goals consists of the improved mood and sleep with medication and group psychotherapy. Another treatment update note from March 10, 2014 noted that the patient continues to exhibit excessive worry about her persistent pain and physical limitations in the hands and feels weak but that there is improvement in her ability to manage her anger and irritability. Sleep is somewhat improved with medication but is continuing to be a persistent problem. She is also having difficulty concentrating and remembering things and there's been a 24 pound weight gain. A request for six sessions of medical hypnotherapy one time a week for six weeks for the management of symptoms of depression and anxiety secondary to wrist/hand injury was made, and non-certified. This independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MEDICAL HYPNOTHERAPY FOR 1 A WEEK FOR 6 WEEKS FOR THE MANAGEMENT OF SYMPTOMS OF DEPRESSION AND ANXIETY SECONDARY TO WRIST/HAND INJURY AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition. Beverly Farms, MA: OEM Health Information Press.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Topic hypnosis, June 2014 update.

Decision rationale: The rationale for non-certification provided by utilization review conducted by the Claims Administrator stated that the treatment modality of hypnotherapy was to be conducted at the same time as the cognitive behavioral therapy and that because the hypnotherapy was contained within the cognitive behavioral therapy session then the cognitive behavioral treatment session authorization includes the hypnotherapy; therefore, a request in a separate authorization is not necessary and would be redundant. I have read the patient's entire medical file as it was submitted for this independent review which consisted of 65 pages. There was no documentation of the total number of sessions of medical hypnotherapy that has been provided to date. This number is essential when considering additional sessions because the total number of sessions must conform to the treatment guidelines. I was able to estimate that she has had at a very minimum 12 sessions; however this number may be inaccurate. In addition, functional improvements that were indicated in treatment progress notes appear to be related primarily to group therapy sessions and none were specifically attributed the hypnotherapy sessions that she has already had. The ODG guidelines for psychotherapy state that a patient may have a maximum of 13 to 20 sessions if progress is being made. The ACOEM states that techniques like relaxation therapy and hypnosis (among others) can be offered as a way to help reduce the symptoms of stress and give the patient control over stressful situations and offer a measurable and concrete result. For example, relaxation techniques may be particularly effective for individuals manifesting muscle tension. The official disability guideline ODG chapter on mental illness and stress discusses the use of hypnosis for the treatment of PTSD. It does not state that it is the only condition where relaxation and hypnosis can be used. The number of sessions that should be provided should be contained within the total number of psychotherapy visits. Although the patient does appear to be anxious and worried, the lack of detailed documentation of results from prior sessions demonstrating clear benefit and the lack of total number of sessions provided to date make this request not medically necessary.