

<b>Case Number:</b>	CM13-0046848		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Board Certified in Psychology and is licensed to practice in Texas. 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:

The patient is a 28-year-old female who reported an injury on 04/20/2013. The patient is diagnosed with anxiety. The patient was recently evaluated on 09/26/2013. The patient reported mild headaches and improvement with current medications. Physical examination was not provided. The treatment recommendations included continuation of current medications and a psych referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYPNOTHERAPY ONCE A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Hypnosis.

**Decision rationale:** The California MTUS Guidelines state behavioral therapy is recommended. Official Disability Guidelines state hypnosis should only be used by credentialed healthcare professionals. Indications include patients with PTSD. As per the clinical documentation

submitted, the patient does not maintain a diagnosis of PTSD. Furthermore, the request for hypnotherapy, once per week for 6 weeks, exceeds guideline recommendations of an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The medical necessity for the requested service has not been established. As such, the request is not medically necessary.

**BIOFEEDBACK TRAINING ANY METHOD ONCE A WEEK FOR SIX WEEKS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** The California MTUS Guidelines state biofeedback is not recommended as a stand alone treatment, but recommended as an option in a cognitive behavioral therapy program. The California MTUS Guidelines utilize ODG Biofeedback Therapy Guidelines, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for biofeedback training, once per week for 6 weeks, exceeds guideline recommendations. Additionally, documentation of the patient's previous response to psychotherapy was not provided. Based on the clinical information received, the request is not medically necessary.