

<b>Case Number:</b>	CM13-0051956		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Psychiatry 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 case involves a 40 year old female injured 8-18-11. Her first occupational injury was sustained in May 2010 with a dog bite to her left hand. She later stepped on a nail and claimed cumulative injuries to her hands and wrist. She has had right elbow pain, anxiety, weight gain, insomnia and depression. In addition she has had bruxism and gastritis. The issues at hand is the medical necessity of hypnosis and Cognitive Behavioral Group Psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for 6 Hypnotherapy sessions:** Overturned

**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 -TWC, Integrated Treatment/Disability Duration Guidelines

**Decision rationale:** Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate Post-traumatic stress disorder (PTSD) symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. The ODG formally recommend

hypnosis for PTSD(Post-traumatic stress disorder), but also point out that "Hypnotic techniques have been reported to be effective for symptoms often associated with PTSD Post-traumatic stress disorder (PTSD) such as pain, anxiety and repetitive nightmares. (VA/DoD, 2004)" In this case, the patient has had pain, anxiety and sleep problems. The states that hypnosis is promising in this area. As such, Decision for 6 Hypnotherapy sessions is medically necessary and appropriate.

**Decision for 6 Cognitive Behavioral Group Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy Guidelines

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, page 23 has the following to state about Behavioral interventions: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post-Traumatic Stress Disorder. 6 psychotherapy sessions exceeds the guideline that there must first be an Initial trial of 3-4 psychotherapy visits over 2 weeks. Since there is no evidence in the record provided that a trial of psychotherapy 3-4 visits over 2 weeks has been undertaken. As such Decision for 6 Cognitive Behavioral Group Psychotherapy sessions is not medically necessary and appropriate.