

Case Number:	CM13-0054161		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2013
Decision Date:	07/31/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 injured worker is a 34 year old female who reported an injury on 08/18/2013. The mechanism of injury as stated by the injured worker was being stressed and over-worked. The 10/21/2013 note stated she fell and injured her knee. The injured worker complained of being sad, helpless/hopeless, and irritable and having less energy. The injured worker also complained of social isolation, crying episodes, appetite changes and a lack of sexual desire. In addition the injured worker complained of being pessimistic, angry, having death thoughts and feeling nervous. The injured worker expressed difficulty concentrating, feeling restless/agitated and being tense. The injured worker also felt dizziness, fearful, excessive worry, and fears dying. The provider documented complaints of unsteady/wobbliness in legs, numbness/tingling sensations, sleep difficulties, gastrointestinal disturbances, headaches, stomach aches and pains and hypertension. The clinical note dated 10/23/2013 noted the injured worker demonstrated an anxious and sad mood, nervousness, and bodily tension. Previous treatments included physical therapy and medications. Medications on clinical note dated 10/21/2013 listed Bupropion HCL 150mg 1 tab twice daily and Alprazolam 0.5 mg 1 tablet three times daily. Psychological testing revealed significant depressive and anxious symptoms. The injured worker's diagnoses included major depressive disorder, generalized anxiety disorder, insomnia, and stress-related physiological response. The provider requested hypnotherapy/relaxation training once a week for twelve weeks to improve the duration and quality of sleep and decrease the frequency and intensity of depressive and anxious symptoms. The request for authorization form dated 10/30/2013 was included with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY/RELAXATION TRAINING ONCE A WEEK FOR TWELVE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hypnosis.

Decision rationale: The request for hypnotherapy/relaxation training once a week for twelve weeks is not medically necessary. The injured worker has a history of major depressive disorder, generalized anxiety disorder, insomnia, and stress-related physiological response. California MTUS/ACOEM states relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestations of daily, continuous stress. The Official Disability Guidelines (ODG) state relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestations of daily, continuous stress. The main disadvantages are that formal training, at a cost, is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. The Official Disability Guidelines further state, hypnosis is recommended as a conservative care option. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. The guidelines recommend an initial trial of 4 visits over 2 weeks and, with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. Within the documentation submitted for review, the clinical noted dated 11/18/2013 noted the injured worker complained of right knee and right ankle pain and participated in physical therapy, which had been increasing the pain. As the guidelines recommend an initial trial of hypnosis of 4 visits over 2 weeks and with objective functional improvement a total of up to 10 visits over 6 weeks as a conservative option to treat muscular pain, the request for 12 sessions would exceed the guideline recommendations. The requested amount of hypnotherapy exceeds both the initial trial and maximum recommended. As such, the request for hypnotherapy/relaxation training once a week for twelve weeks is not medically necessary.