

<b>Case Number:</b>	CM13-0066892		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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:

The patient is a 64 year old male with a 1/8/10 date of injury. The patient was seen on 10/4/13 and reported improvements in sleep with the use of sleep medications. The patient reported anxiety and tension, and was worrying excessively. There was note of some trembling and sweating with feelings of anxiety. The patient had been diagnosed with anxiety, depression, and insomnia. A 11/2/13 note states that the patient is compliant with his medications and has no side effects. He is alert and oriented to time person and place. He is engaging and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL HYPNOTHERAPY/RELAXATION TRAINING ONCE WEEKLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Hypnosis.

**Decision rationale:** The California MTUS/ACOEM guidelines do not apply, so the Official Disability Guidelines (ODG) were used instead. The ODG states that hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but

the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. A review of the medical records indicates that this patient has received previous psychotherapy in form of group therapy, cognitive behavioral therapy, and hypnosis. However, it is not entirely clear from the records how many sessions have been completed to date. There is no evidence of objective gains from previous therapy. As such, the request is not medically necessary.

**COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY ONCE WEEKLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Psychotherapy Page(s): 19-23.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function, and address co-morbid mood disorders such as depression, anxiety, panic disorder, and posttraumatic stress disorder. In addition, the Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits may be recommended. A review of the medical records indicates that this patient has received previous psychotherapy in form of group therapy, cognitive behavioral therapy, and hypnosis. However, it is not entirely clear from the records how sessions have been completed to date. There is no evidence of objective gains from previous therapy. As such, the request is not medically necessary.