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| <b>Case Number:</b>   | CM14-0005130 |                              |            |
| <b>Date Assigned:</b> | 02/05/2014   | <b>Date of Injury:</b>       | 06/27/2012 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 01/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2014 |

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, posttraumatic stress disorder, insomnia, posttraumatic headaches, and psychological stress reportedly associated with an industrial injury of June 27, 2012. Thus far, the applicant has been treated with the following: Psychotropic medications; group psychotherapy; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated January 7, 2014, the claims administrator denied a request for medical hypnosis therapy and relaxation therapy. An earlier note of August 27, 2012 was notable for comments that the applicant was off of work, on total temporary disability, issues related to psychological stress and posttraumatic headaches. A May 7, 2013 progress note was notable for comments that the applicant had a Global Assessment of Functioning (GAF) of 52. It was stated that the applicant's mental health prognosis was guarded. In a mental health progress note/psychological counseling progress note of October 18, 2013, the applicant was described as having issues with psychological stress, depression, headaches, stomach aches, discomfort, flashbacks, nightmares, and multifocal pain. Continued cognitive behavioral group psychotherapy, hypnotherapy, and weekly relaxation training sessions to help the applicant manage stress for six weeks were sought. A neurology consultation was also sought. A December 11, 2013 neurology consultation was notable for comments that the applicant remained off of work, on total temporary disability. The applicant was asked to consult a dentist for TMJ, an ENT doctor for dizziness, and an EEG to determine whether there was evidence of underlying seizure disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL HYPNOSIS THERAPY/RELAXATION THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Treatment Guidelines, (mental illness and stress). .

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15) page(s) 399-400,405.

**Decision rationale:** The modalities in question, namely hypnosis therapy and relaxation therapy, are seemingly being provided in conjunction with continued cognitive therapy. The applicant has had extensive amounts of earlier cognitive behavioral therapy and psychotherapy over the life of the claim. While pages 399 and 400 of the MTUS-adopted ACOEM Guidelines in Chapter 15 do note that modalities such as hypnosis and relaxation techniques may be helpful in conjunction with other modalities, page 405 of the ACOEM Practice Guidelines further notes that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has in fact failed to improve with earlier unspecified amounts of psychotherapy and cognitive behavioral therapy, both of which seemingly incorporated modalities including hypnosis and relaxation techniques. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, consultations with multiple providers, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of cognitive behavioral and psychotherapy over the life of the claim, which incorporated modalities such as the hypnosis therapy and relaxation techniques in question. Therefore, the request for further medical hypnosis therapy and relaxation therapy are not medically necessary.