

<b>Case Number:</b>	CM14-0015325		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 represented [REDACTED] employee who has filed a claim for major depressive disorder and anxiety reportedly associated with an industrial injury of June 21, 2010. Thus far, the applicant has been treated with the following: Unspecified amounts of cognitive behavioral therapy; unspecified amounts of psychotherapy; and psychotropic medications. In a Utilization Review Report dated January 16, 2014, the claims administrator denied a request for hypnotic therapy. The claims administrator stated that the request is being denied on the grounds that the request was not, in his opinion, addressed by the MTUS Chronic Pain Medical Treatment Guidelines or ACOEM. No guidelines were cited in the rationale; thus, it appears that the claims administrator seemingly denied the request on the grounds that the treatment in question was not addressed in the MTUS. The claims administrator also seemingly suggested that the applicant had alleged derivative psychological issues and insomnia following failed treatment for various medical and orthopedic issues. The applicant's attorney subsequently appealed. On September 10, 2013, the applicant consulted a psychologist and was described as having issues with anxiety, nervousness, tension, and emotional liability. The applicant's Global Assessment Functioning (GAF) is 63. It was stated that the applicant could pursue a 12-session course of cognitive behavioral therapy, six sessions with a psychiatrist, and weekly relaxation, and biofeedback/hypnotherapy techniques for 8 to 12 sessions. The applicant's condition was described as guarded. The request for authorization form dated November 1, 2013, in which medical hypnotherapy and relaxation training/relaxation techniques were sought stated to refer to the detailed clinical progress note in which 8 to 12 sessions of treatment were sought to better allow the applicant to cope with his chronic pain issues, depression issues, and physical limitation issues.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MEDICAL HYPNOTHERAPY/RELAXATION THERAPY:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400.

**Decision rationale:** As noted on MTUS-adopted ACOEM Guidelines in chapter 15, pages 399-400, some modalities such as relaxation techniques and hypnotherapy are offered in conjunction with other modalities. In this case, the applicant is receiving group therapy, psychotropic medications, and cognitive behavioral therapy. The proposed 8 to 12 session course of relaxation therapy/relaxation techniques is intended to employ in conjunction with aforementioned psychiatric modalities. As further noted in ACOEM Chapter 15, page 399, relaxation techniques may be particularly effective for applicants who manifest muscle tension. In this case, the applicant not only has muscular tension, but also has issues with anxiety and depression. The 8 to 12 sessions course of medical hypnotherapy and relaxation therapy proposed by the attending provider is therefore indicated and appropriate, for the all the stated reasons. The request is not medically necessary and appropriate.