

Case Number:	CM14-0135948		
Date Assigned:	09/03/2014	Date of Injury:	10/09/2007
Decision Date:	09/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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 licensed 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:

According to the medical records that were provided for this independent review, this patient 61-year-old male who reported an industrial work-related accident on October 9, 2007. Injury reportedly occurred during the course of his work duties as a construction manager. He reported that he felt a pinching sensation in his lower back while moving office furniture. He has pain in his low back that radiates to his left leg and foot he experiences spasms in the left leg and foot and weakness of the left leg. He is status post low back fusion in 2012 a hernia repair in 2009 and two right knee surgeries. He has significant stomach/G.I. symptoms. Psychologically, he has been diagnosed with: Depressive Disorder Not Otherwise Specified; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire; and Sleep Disorder Due To Chronic Pain. According to a progress notes from his primary treating psychologist from January 2014, March 2014, April 2014, July 2014, June 2014, and the patient is reporting improvement in his ability to manage his anger and is anxious symptoms but he continues to feel sad and emotional and has difficulty remembering things and concentrating, has decreased sexual desire but note some improvement in communication with his wife and is worried about undergoing an additional surgical procedure and his financial circumstances. He appears nervous, tense, frustrated, and anxious with preoccupation about a pending surgical procedure and his future. Treatment goals were listed as decreasing the frequency and intensity of depressive symptoms, improving the duration and quality of sleep, and decreasing the frequency and intensity of anxious symptoms. In terms of what progress the patient has made towards those goals there has been some improvement of his anxious and depressive symptoms and he is utilizing coping and relaxing exercises to manage the stress and anger. There is also a progress note that indicates increased "ability to cope and use of breathing exercises with treatment" A request was made for one session of relaxation

training/hypnotherapy one time per week for six weeks to help him manage stress and levels of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/Relaxation training: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: hypnosis June 2014 update.

Decision rationale: There is no documentation about the total number of sessions that have been provided to date. Without this information it is impossible to move forward in authorizing additional sessions as he probably has already reached the maximum allowed given the chronicity of his condition and length of treatment he is already had. According to the Official Disability Guidelines chapter on Mental Illness and Stress hypnosis can be used in circumstances with patients and that the total number of sessions should be provided is the same as the total number of psychotherapy sessions. This would state that he should have up to 13 to 20 visits maximum if progress is being made. Because there is no indication of how many sessions he has had it is impossible to determine whether not he has exceeded the spreads. There was treatment progress notes dating throughout most of 2014 for what would be at least at a bare minimum six months and if he were being seen weekly that would be approximately 24 sessions just in 2014. Although progress notes were provided there was virtually no discussion on the specific impact of this particular treatment modality and in fact the progress notes appear to be more of a generic variety then directly pertaining to the use of hypnosis. There's no indication of the depth of hypnotic induction being provided whether or not this is being done by a trained provider as is mentioned specifically in the guidelines, and whether the patient is learning to do the procedures at home and to what extent he is successful with that. Furthermore, although treatment goals were provided they appear to have been just repeated month after month with no significant changes noted from month-to-month and certainly no difference from the first progress note that was provided in January and the last one from July as the notes are almost identical with no detailed discussion of the patient's treatment or response. Therefore due to the likelihood of exceeding maximum guidelines in terms of quantity and insufficient documentation of the patient's response to the sessions and his progress in learning the techniques independently the Medical hypnotherapy/Relaxation training is not medically necessary and appropriate.