

<b>Case Number:</b>	CM14-0031892		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Psychiatry & Neurology and Addiction Medicine., has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and 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 65 year old female whose date of injury is 08/05/2008. Diagnoses includes major depressive disorder, single episode, in partial remission (296.25). 11/11/13 Permanent and Stationary Psychological Evaluation report of 11/11/13, documents that the patient had mild, chronic depressive and anxious symptoms that predated her industrial injury, which were exacerbated by said injury. She was working as a caregiver and as she reached up to clean a mirror she felt a pulling in her right hand with pain, which she self-treated with ice at home. This was associated with pain one month later along with numbness and tingling, and difficulty grasping. She was provided with a right wrist brace and continued to work, then began to experience pain in her left hand. She was provided a brace for her left hand and began a course of physical therapy, ultimately being diagnosed with bilateral carpal tunnel syndrome. Release surgery was not approved in 07/09, and she was referred for pain management. She began to feel sad and anxious, had sleep and sexual difficulties, worrying, stress, social isolation, and persistent pain. After her injury she experienced increasing pain and emotional symptoms leading to her current psychiatric disability. After an initial psychological consultation in 08/09 she received cognitive behavioral and group psychotherapy, relaxation/breathing and hypnotherapy to manage her chronic pain and to help her cope with her limitations. She received chiropractic treatment and pain medications, which were temporarily helpful. She reported that psychotropic medications helped improve her mood and sleep. Around 03/11 she underwent two right wrist and one left wrist carpal tunnel release surgeries, and reported that no other psychological stressors had developed in the interim. At the time of this evaluation she reported feelings of sadness, helplessness, hopelessness, loneliness, fear, anger and irritability, social isolation, and continued sleep disturbance. Her Beck Depression Inventory=55 (severe)

and Beck Anxiety Inventory=47 (severe). She was deemed permanent and stationary. Wellbutrin xl 150, Buspar 10 bid. Her monthly progress reports from 2012 forward show the patient's symptomatology as essentially unchanged. There was a request for authorization of group psychotherapy by [REDACTED] dated 01/14/14 with no accompanying documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medical hypnotherapy/relaxation (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 & Stress, Hypnosis.

**Decision rationale:** According to the Official Disability Guidelines (ODG), hypnosis is not a treatment per se, but an adjunct, and the number of visits should be contained within the total number of psychotherapy visits. ODG recommends hypnosis as a therapeutic intervention that may be an effective adjunctive procedure in the treatment of PTSD and may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares, for which hypnosis has been successfully used. More testing should be done to measure the effect of hypnosis on stress reduction, with or without physical ailment, as preliminary results are positive. (Palsson, 2002) Hypnosis is not a therapy, but moreso of an adjunct to psychodynamic, cognitive-behavioral, or other therapies, and has been shown to enhance significantly their efficacy for a variety of clinical conditions. Various meta-analyses of studies on the treatment of anxiety, pain, and other conditions imply that hypnosis can substantially enhance the effectiveness of psychodynamic and CBTs; however, most of the literature on the use of hypnosis for PTSD is based on service and case studies. Hypnotic techniques have been reported to be effective for symptoms often associated with PTSD such as pain, anxiety and repetitive nightmares. The number of visits should be contained within the total number of Psychotherapy visits. In this case, the patient developed symptoms of depression and anxiety after her industrial injury, and after her initial psychological exam in 2009 received cognitive behavioral and group psychotherapy, as well as hypnotherapy, and breathing/relaxation techniques to help teach her coping mechanisms to assist her with her limitations. Her progress records consistently show the patient presenting with depressive and anxious symptomatology that was essentially unchanged with psychological treatment. There did not appear to be any functional improvement in her psychological condition. There were no current records provided for review which would indicate what the patient's more current emotional status was and if there was any functional improvement with psychological services provided. Therefore, the request for medical hypnotherapy/relaxation (quantity unspecified) is not medically necessary and appropriate. CA-MTUS does not address hypnotherapy. ODG recommends hypnosis as a therapeutic intervention that may be an effective adjunctive procedure in the treatment of PTSD and may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares, for which hypnosis has been successfully

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