

Case Number:	CM14-0046283		
Date Assigned:	07/02/2014	Date of Injury:	10/09/2007
Decision Date:	08/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), insomnia, and sexual dysfunction reportedly associated with an industrial injury of October 9, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier cervical fusion surgery; and psychotropic medications. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for six sessions of hypnotherapy and relaxation training on the grounds that the applicant had had 37 sessions of group therapy and no individual treatment to date. The claims administrator then further stated that hypnotherapy, another modality being sought here, was not recommended and therefore denied. The claims administrator did not cite any guidelines to support his contention that hypnotherapy was not recommended. In a handwritten progress note dated April 5, 2014, the applicant was described as having a variety of medical and mental health issues. The applicant was status post stroke, it was stated, and also had a history of hypertension. The applicant was having issues with swelling on walking. Wellbutrin and Trazodone were refilled. The note was difficult to follow. Wellbutrin and Trazodone were refilled through an earlier progress note of March 18, 2014, again handwritten, not entirely legible, and difficult to follow. In a handwritten March 7, 2014 note, the attending provider stated that he has completed a Utilization Review phone call and received a recommendation to pursue individualized psychotherapy as opposed to further group psychotherapy. In another handwritten note of February 8, 2014, the applicant was described as reporting reduced psychiatric symptoms with Wellbutrin and Trazodone. In a medical progress notes dated October 28, 2013 and November 11, 2013, the applicant was placed off of work, on total temporary disability. The applicant did have ongoing shoulder and neck pain complaints, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The applicant has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), insomnia, and sexual dysfunction reportedly associated with an industrial injury of October 9, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier cervical fusion surgery; and psychotropic medications. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for six sessions of hypnotherapy and relaxation training on the grounds that the applicant had had 37 sessions of group therapy and no individual treatment to date. The claims administrator then further stated that hypnotherapy, another modality being sought here, was not recommended and therefore denied. The claims administrator did not cite any guidelines to support his contention that hypnotherapy was not recommended. In a handwritten progress note dated April 5, 2014, the applicant was described as having a variety of medical and mental health issues. The applicant was status post stroke, it was stated, and also had a history of hypertension. The applicant was having issues with swelling on walking. Wellbutrin and Trazodone were refilled. The note was difficult to follow. Wellbutrin and Trazodone were refilled through an earlier progress note of March 18, 2014, again handwritten, not entirely legible, and difficult to follow. In a handwritten March 7, 2014 note, the attending provider stated that he has completed a Utilization Review phone call and received a recommendation to pursue individualized psychotherapy as opposed to further group psychotherapy. In another handwritten note of February 8, 2014, the applicant was described as reporting reduced psychiatric symptoms with Wellbutrin and Trazodone. In a medical progress notes dated October 28, 2013 and November 11, 2013, the applicant was placed off of work, on total temporary disability. The applicant did have ongoing shoulder and neck pain complaints, it was acknowledged.

HYPNOTHERAPY/RELAXATION TRAINING 1X6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, the goal of relaxation training is to teach an applicant to volunteer change in his or her physiologic response to stressors. In this case, the applicant has a variety of medical and mental

issues, including stress associated with his nonindustrial stroke, stress associated with his chronic pain conditions, and stress associated with his mental health conditions. The request for hypnotherapy or hypnosis appears to represent a first-time request, based on the claims administrator's progress notes. While ACOEM does not seemingly take specific position on hypnosis, ACOEM does state that hypnosis is often offered in conjunction with other modalities. In this case, the applicant is concurrently receiving periodic follow-up visits with his psychiatrist. An addition of six sessions of hypnotherapy for relaxation training purposes to the mix does appear to be indicated, given the multiplicity of the applicant's issues. Therefore, Hypnotherapy/relaxation training 1x6 is medically necessary.