

<b>Case Number:</b>	CM14-0050870		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 a licensed Clinical Psychologist 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 records provided for this independent review, this patient is a 52-year-old female who reported an industrial/occupational work-related injury on April 10, 2008. The injury reportedly occurred while she was working as a nurse with a morbidly obese 660 pound patient and a ventilator was falling, causing her initial injury. She has had multiple treatments and surgeries and suffers with nightmare, sleep disturbance, and suicidal ideation requiring hospitalization psychiatrically. She has been diagnosed with: Generalized anxiety disorder; Major Depressive Disorder; Pain Disorder Associated with both Psychological Factors and a General Medical Condition; Opiate Dependence; personality disorder not otherwise specified; reflex sympathetic dystrophy. A treatment progress note from her primary psychologist notes that she has been doing a little bit better with her cognitive behavioral therapy sessions being held once a week and that the improvements include less frequent suicidal ideation, not having had a severe panic attack (which has resulted in two emergency room visits in the past month) no sessions where she had been crying throughout the entire session and she is eager to learn how to control her pain better with fewer medications. She has been diagnosed with cervical disc herniation and spinal stenosis; cervical radiculopathy; status post right carpal tunnel surgery with chronic wrist and hand pain; complex regional pain syndrome of the right upper extremity; and major reactive depression. A request was made for medical hypnotherapy weekly and was non-certified; this independent medical review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Hypnotherapy weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 320, Chronic Pain Treatment Guidelines Page(s): 100-101.

**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 and Stress chapter, topic: hypnosis. June 2014 update.

**Decision rationale:** Independent medical reviews are different than normal utilization reviews conducted by an insurance company. All requests for psychological treatment must contain a specific quantity of sessions. If a quantity is not provided it would be the same as authorizing an unlimited number of treatment sessions. This request has no quantity associated with it. If I were to overturn the non-certification decision it would essentially be allowing for unlimited therapy for perpetuity, or until the patient's case is closed. No justification was provided in the materials that I reviewed that would allow such a decision and the independent medical review process is an all-or-none process, no modifications can be provided. In addition, according to the official disability guidelines, hypnosis is a therapeutic intervention that may be an effective and adjunctive procedure in the treatment of posttraumatic stress disorder... And should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and working within their areas of expertise. There was no indication in the records that were provided that this patient has a diagnosis of posttraumatic stress disorder, nor was there any indication that the treating provider for which this request was made was certified or trained in the use of hypnosis. In addition it is not clear whether or not the patient has already exceeded the maximum number of treatment sessions that would be allowed under the MTUS/ODG guidelines. The finding of this independent medical review is that this procedure is not medically necessary based on the way it was stated in the request for an unlimited number with no quantity specified and per ODG guidelines.