

Case Number:	CM14-0056709		
Date Assigned:	07/09/2014	Date of Injury:	07/17/2009
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 51-year-old female with a date of injury of 07/17/2009. The listed diagnoses per [REDACTED] are 1. Major depressive disorder; 2. Generalized anxiety disorder; 3. Insomnia. The medical file provided for review does not include progress reports from the requesting physician, [REDACTED]. Utilization review references a progress report by [REDACTED] from 01/14/2014 that noted patient was attending psychotherapy relaxation training and had improved emotional and psychosocial functioning. There are multiple reports from [REDACTED]. According to [REDACTED], on 03/03/2014, patient presented with chronic left knee pain. He was recommended to continue medication. Patient was given diagnoses of chronic left knee pain, left knee contusion. None of the progress reports provided for review discuss the requested medical hypnotherapy relaxation training, 12 sessions. Utilization denied the request on 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation Training # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, on line edition, Chapter: Mental Illness & Stress; Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG under its pain chapter does provide a discussion on hypnosis. ODG states "recommended as a conservative option depending on the availability of providers with proven outcomes but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life with patients with chronic muscular pain." ODG further recommends initial trial of 4 visits over 2 weeks with evidence of objective functional improvement total up to 10 visits over 6 weeks.

Decision rationale: The ACOEM and MTUS Guidelines do not discuss hypnotherapy. ODG under its pain chapter does provide a discussion on hypnosis. ODG states recommended as a conservative option depending on the availability of providers with proven outcomes but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life with patients with chronic muscular pain. ODG further recommends initial trial of 4 visits over 2 weeks with evidence of objective functional improvement total up to 10 visits over 6 weeks. In this case, utilization review indicates the patient has participated in prior hypnotherapy sessions with emotional and psychosocial functioning. The progress reports from the physician do not discuss functional improvement from these treatments. Furthermore, ODG recommends 10 visit if functional improvement is achieved. The physician is requesting additional 12 sessions, which exceeds what is recommended by ODG. Therefore, Medical Hypnotherapy/Relaxation Training # 12 is not medically necessary.