

<b>Case Number:</b>	CM14-0073325		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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:

This case involves a 30 year old female with date of injury 8/24/2009. Date of the utilization review decision was 4/25/2014. She is being treated for major depressive disorder, single episode and an anxiety disorder, not otherwise specified. The report dated 5/5/2014 suggested an improvement in her emotional condition with treatment. However, she continued to report persisting pain which was interfering with her activity of daily living and sleep. At times, she felt sad, nervous, and stressed. She also reports feeling tired, weak and sleepy during the day. She was continuously worried about her future, physical condition, and inability to work due to her physical limitations. Objectively, she appeared sad, anxious and tired. The report dated 2/24/2014 suggested that her emotional condition had improved with the treatment however; she appeared anxious, sad, and apprehensive with bodily tension. The report dated 3/8/2014 suggested that she had improved mood, was sleeping better, medication compliant and was attending groups. She was being prescribed Prozac 60 mg daily and Trazodone 50 mg at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Hypnotherapy / Relaxation training once a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment,/Disability Duration Guidelines for Mental Illness and Stress - Hypnosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Hypnosis.

**Decision rationale:** Per Official Disability Guidelines (ODG), hypnosis is recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder (PTSD). In addition, hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. The injured worker is a 30 year old female who is being treated for major depressive disorder, single episode and an anxiety disorder, not otherwise specified. She has been attending groups and is on medication treatment with Prozac 60 mg daily and Trazodone 50 mg at bedtime. The ODG recommends that hypnosis is recommended as an option for treatment of PTSD however, there is not documentation suggesting the injured worker suffers from PTSD. Therefore, the request is not medically necessary.