

Case Number:	CM14-0074431		
Date Assigned:	07/16/2014	Date of Injury:	09/22/2008
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehabilitation 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 injured worker is a 51 year old male who reported injury on 09/22/2008. The mechanism of injury was not provided. Diagnoses included major depressive disorder, generalized anxiety disorder, male hypoactive sexual decline, and insomnia. The past treatments included Group psychotherapy, individual psychotherapy, and hypnotherapy. Surgical history noted bilateral shoulder surgeries, and bilateral carpal tunnel release. The psychologist's progress note, dated 05/05/2014, noted the injured worker complained of irritability, frustration regarding his pain and physical condition, sweating, and he felt nervous, a lack of energy and motivation. He also reported some improvement of his sleep and emotional condition. The objective findings included injured worker was nervous, anxious, tense, and apprehensive. Treatment goals were listed, to include decrease depressive symptoms, improve sleep, and decrease anxious symptoms. Progress was documented as some improvement in his mood and sleep, and he was better able to manage his anxious symptoms by utilizing coping exercises. Medications included Ultracet 37.5/325mg one daily, Dendracin lotion, Prozac and Risperdal. The treatment plan requested cognitive behavioral group therapy once a week for 6 weeks to help cope with his physical condition, levels of pain, and emotional symptoms, relaxation training and hypnotherapy once a week for 6 weeks to help manage stress or pain, and psychiatric treatment as indicated by psychiatrist. The Request for Authorization form was submitted for review on 05/07/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy Relaxation Training 1 session per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress & Illness (updated 4/9/14) 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 Health and Stress, Hypnosis

Decision rationale: The injured worker had major depression, anxiety, and insomnia, with irritability, and frustration regarding his pain and physical condition, and was noted to have had hypnotherapy treatment previously. The treatment plan requested relaxation training and hypnotherapy once a week for 6 weeks to help manage stress or pain. The Official Disability Guidelines recommend hypnotherapy as a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and states hypnosis, as an adjunct to other therapies, has been shown to enhance significantly their efficacy for a variety of clinical conditions. Hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares. The number of visits should be contained within the total number of psychotherapy visits, which includes up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The injured worker has been receiving psychological treatment for pain, anxiety, and depression. There is no indication of the number of psychotherapy sessions the injured worker has completed. There is no documentation of the efficacy of previous hypnotherapy. There was no measured documentation of pain and improvement in psychological symptoms. Given the previous, 6 additional sessions of hypnotherapy is not indicated, and may be excessive at this time. Therefore, the request is not medically necessary.