

<b>Case Number:</b>	CM14-0077064		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/23/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Licensed in Psychology and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 11/23/2001. The mechanism of injury was not provided. On 06/02/2014, the injured worker presented with an improved emotional condition with medication and continued persisting pain, which affected his activities of daily living (ADLs) and sleep. He also reported pain and tension in the jaw area and stated that he grinds his teeth. Upon examination, the injured worker had a sad and anxious mood with facial flushing, apprehensiveness, restlessness, and bodily tension. Prior treatment included psychiatric treatment, physical therapy, acupuncture, and medications. The provider recommended hypnotherapy and relaxation training. The provider's rationale was not provided. The request for authorization form was dated 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 6 sessions of medical hypnotherapy/relaxation training:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Hypnosis.

**Decision rationale:** The prospective request for 6 sessions of medical hypnotherapy/relaxation training is not medically necessary. The California MTUS/ACOEM states the goal of relaxation technique is to teach the injured worker how to voluntarily change his or her physiologic and cognitive functions in response to stressors. Using these techniques can be preventative for injured worker in chronically stressful conditions. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantages because they may modify the amount of manifestations of daily continuous stress; however, the disadvantages are that formal training is usually necessary to master the technique. The Official Disability Guidelines for California state that hypnosis is recommended as an option. The criteria for hypnosis includes hypnosis should only be used by credentialed health professionals who are properly trained in the clinical use of hypnosis who are working in the areas of their professional expertise. Hypnosis is recommended for the treatment of post-traumatic stress disorder (PTSD). There is lack of evidence that the injured worker has a diagnosis congruent with the guidelines recommendation of hypnosis. As such, the request is not medically necessary.