

<b>Case Number:</b>	CM14-0180182		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 46 year old female continues to complain of mid and low back pain stemming from a work related injury reported on 2/26/2013. Diagnoses include: lumbar/sacral "HNP"/radiculopathy; chronic pain with hypertension; right tarsal tunnel syndrome; coccyx pain; lumbar disc herniation without myelopathy; lumbar degenerative joint and disc disease; lumbar myospasm; and left-sided lumbar neuritis/radiculitis. Treatments have included: consultations; diagnostic imaging studies; physical and physiotherapy; electromyogram of the lower extremities (7/29/13); Bilateral lower extremity needle electromyography & nerve conduction study (6/12/14); and medication management. The injured worker (IW) is noted to be classified as total temporary disability and is not working. Physiotherapy notes, dated 10/7/2014 show pain was the same, treatments were to the thoracic and lumbar spine, and "L/R Bil"; that the treatment modalities were noted to be "PT3" and "MR"; and the goals were for decreased pain, increased strength, and improvement with activities of daily living (ADL's) and function. The physiotherapy treatment modalities included any combination of: "PT3, Temp, MR & TE" for all therapy session from 7/23/14 through 10/7/14. The 7/23/2014 pain management notes, it shows pain to include a wrist (illegible as to right or left) and with no new injuries, and that the IW attempted to go back to work, lasting 2 days. The treatment plan included a consult with internal medicine to control hypertension and a psyche evaluation. The 8/26/2014 secondary treating physician orthopedic report, shows constant left-sided low back pain, rated 5/10, with numbing, tingling and stinging, and associated with weakness, numbness and swelling. Also complained of was right shoulder pain that radiates down into right upper arm/hand. Assessment findings noted: complaints of

chest pain, bowel problems with nausea, bladder problems and change in sexual function, sleep disruption, dizziness, nervousness and depression. A psychological clearance prior to spine surgery, as well as new imaging studies were noted in the treatment plan. Pain management notes, dated 10/8/2014, show increased headaches and dizzy spells, and a 50% increase in low back and coccyx pain that is made better with physical therapy. The treatment plan included an appointment with psych, new MRI, medication management, and physical therapy. On 10/14/2014 Utilization Review non-certified, for medical necessity, a request for hypnotherapy/relaxation training 1 x a week for 12 weeks, stating that this request is not supportable. Further explained was that hypnotherapy was merely a procedure employed in the context of individual psychotherapy for which the IW is not currently receiving for her chronic benign pain condition. Cited were the MTUS, ACOEM guidelines for chronic pain and stress-related conditions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hypnotherapy/Relaxation training, 1 x 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, Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and Stress Chapter, topic: Hypnosis. February 2015 update.

**Decision rationale:** The CA-MTUS guidelines are nonspecific for hypnotherapy/relaxation training, however the ODG -official disability guidelines does discuss the use of hypnosis and says that it is recommended as an option, a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder PTSD. That hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. It is also mentioned as a procedure that can be used for irritable bowel syndrome. Hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise. The total number of visits should be contained within the total number of psychotherapy sessions. With regards to this request, the medical records that were provided did not support the medical necessity of the treatment modality being requested. No psychological treatment progress notes were provided for consideration with regards to this patient's condition. The rationale for the request was not stated and there was no discussion on whether or not the patient has received any prior psychological treatment. Treatment progress notes contained no information regarding the patient's prior experience in receiving this treatment modality. Is unclear whether or not the treatment is being provided by a credentialed health care professional who is trained in hypnosis and working within the areas of their professional expertise as stated in the official disability guidelines. According to official disability guidelines the number of sessions of relaxation training/hypnosis needs to be contained within the total number of psychological treatment sessions, but for this request there was no

mention of the total number of psychological sessions that he has had. For this reason, the medical necessity of the request could not be established and because the medical necessity was not established, the utilization review determination for non-certification is upheld.