

<b>Case Number:</b>	CM14-0201095		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/21/2005
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 a licensed Psychologist (PHD, PSYD) 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 forty-one year old male ( ) who sustained a work-related injury on November 21, 2005. A request for hypnotherapy and relaxation training was non-certified in Utilization Review (UR) dated November 5, 2014. The UR physician determined that the requested hypnotherapy was not supported in that it is a procedure employed in the context of individual psychotherapy and there is no evidence provided that the patient has responded positively to psychotherapy. The UR physician cited the Official Disability Guidelines in the determination which state that "hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive-behavior or other therapies." Previous treatment the injured worker received for his work-related injuries included conservative care, cervical fusion, lumbar procedures and a failed SCS trial. Diagnoses associated with the request include Major Depressive Disorder and Generalized Anxiety Disorder. A request for independent medical review (IMR) was initiated on December 2, 2014. A review of the documentation submitted for IMR revealed medical and psychological evaluations from April 19, 2014 through October 29, 2014. The injured worker was evaluated on April 19, 2014 during which he reported feeling anxiety, poor sleep and auditory hallucinations. On May 5, 2014 the injured worker again reported difficulty with controlling emotions, being socially withdrawn and isolated. He had difficulty with communication, sleeping, making decisions and reported flashbacks related to his injury. The evaluating physician recommended group psychological therapy, hypnotherapy and relaxation training one time per week for six months. An evaluation on July 14, 2014 revealed that the injured worker had increased crying spells, difficulty with memory, loss of interest in his usual activities, and distressing dreams. The evaluating physician recommended group therapy and hypnotherapy and relaxation training. A report dated September 22, 2014 revealed that the injured worker had a sad and anxious mood, crying spells, loss of interest in activities and the

evaluating provider recommended group therapy and hypnotherapy with relaxation training. There is no documentation to support the injured worker's symptoms were improving during this evaluation period.

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

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

**Hypnotherapy/relaxation training:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Hypnosis 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), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. (VA/DoD, 2004) (Brom, 1989) (Sherman, 199

**Decision rationale:** The CA MTUS does not address the use of hypnotherapy/relaxation training therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience psychiatric symptoms of depression and anxiety. He has received group psychotherapy as well as hypnotherapy/relaxation training sessions. Unfortunately, there is no documentation within the psychological medical records indicating the number of completed hypnotherapy/relaxation sessions to date nor the progress/improvements that have been made as a result of those sessions. Without more specific information about prior services, the need for additional treatment cannot be fully determined. As a result, the request for "Hypnotherapy/relaxation training" is not medically necessary.