

Case Number:	CM14-0203337		
Date Assigned:	12/15/2014	Date of Injury:	03/22/2010
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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 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:

According to the provided medical records, this patient is a 51-year-old male had a work-related injury that occurred on March 22, 2010. The injury reportedly occurred while he was employed by [REDACTED] when he was lifting and walking with a heavy irrigation pipe and step on uneven ground and fell forward dropping the pipe and then landing face forward. According to APR-2 progress note from the patient's treating psychologist he has been diagnosed with Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder Due To Chronic Pain. He reports ongoing pain in his left shoulder, neck, headache, low back pain, and pain in his legs, knees, right ankle, and foot. He reports having difficulty controlling his emotions and impulses with difficulties with sleep, communicating and making decisions and reports feeling sad tired irritable and fearful as well as nervous anxious and depressed and restless. Prior psychological treatment progress notes were submitted for consideration from November and December 2013 and do not reflect the total quantity of sessions that have been provided nor do they discuss patient benefit from treatment received in terms of objective functional improvements. It appears likely, but is not entirely clear, that the patient has received group therapy for at a very minimum of 4 months in 2013, there is no indication of what if any psychological treatment prior to August 2013 he received. There is also a progress note from March 2014 from the primary treating Psychologist that is nearly identical to the 2013 notes already mentioned. A psychiatry QME March 17, 2014 report he states that the patient is suffering from cognitive problems that he has to concentrate very hard just to get the title of the movie and can't really follow television shows or movies and that quote nothing sinks in when I'm trying to read" he describes chronic regular headaches that are so severe he has to put ice on his head. He has been prescribed Wellbutrin 150 mg and trazodone 50 mg. He says that he was asked to come in for psychological treatment weekly but that he could not attend that

frequently and comes in once a month and finds that the psychological treatment is not beneficial. The QME report concludes that his psychological treatment has been inefficient, and made worse by the fact that he is not seeing a [REDACTED]-speaking therapist. He was diagnosed with the following: adjustment disorder, chronic with mixed features of anxiety and dysphoria as well as secondary symptoms of sleep disruption and sexual dysfunction. A request was made for medical hypnotherapy/relaxation training, unspecified quantity. The request was non-certified. This IMR will address a request to overturn that decision.

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 per 11/12/14 form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 11/21/14) ; Criteria for the use 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 illness and stress chapter, topic: hypnosis, November 2014 update. See also stress management, behavioral/cognitive interventions.

Decision rationale: The CA-MTUS guidelines are nonspecific for hypnosis, however the 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 adjunct to procedure in the treatment of post-traumatic stress disorder PTSD. 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 visits. Regarding this request for an unspecified number of sessions of medical hypnotherapy, medical necessity of the request was not established by the documentation provided. There was no rationale stated for the request. There was no discussion of why this particular intervention was being requested for this particular patient. Hypnosis is described as being recommended is a procedure for patients with PTSD. There is no indication that this patient has PTSD. The number of sessions being requested was unspecified, current guidelines state that the quantity of sessions of hypnosis should be contained within the therapy/psychotherapy sessions. This would indicate 13-20 for most patients; an unspecified number of additional sessions is essentially requested unlimited sessions indefinitely and thus exceeds guidelines. The documentation provided for this IMR does not support the authorization of unlimited sessions of medical hypnotherapy. The patient reports not benefiting from prior psychological treatment. Because the medical necessity is not established, the request for Medical hypnotherapy/relaxation training, once a week per 11/12/14 form is not medically necessary.