

Case Number:	CM14-0051406		
Date Assigned:	07/07/2014	Date of Injury:	12/14/2003
Decision Date:	12/14/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The injured worker is a 53 year old male who sustained an industrial injury on 12-14-2003. Medical records indicated the worker was treated for lumbago. His history includes a prior discectomy at L5-S1 (02-04), and he now has disc desiccation with moderate disc collapse at L4-L5 and severe disc collapse at L5-S1 with bilateral lumbar radiculopathy and bilateral facet arthrosis L4-5 and L5-S1 with disc collapse. He had prior approval for an anterior posterior L4-S1 decompression and instrumented fusion, and in the provider notes of 02-26-2014 it states that during the preoperative workup the worker was found to have elevated liver enzymes. A workup of this determined that the elevations of the enzymes were idiopathic and no tumors or like were found in the pancreas or liver. The surgery is again being requested authorization, and the worker relays in this visit his wish to clarify his postoperative care and postoperative pain management. He has no new complaints. On physical exam, he has severe tenderness to palpation of the lumbar region with pain on extension and guarding with motion. Range of motion is limited to approximately 10% of normal. He has difficulty rising from a sitting position. Part of his treatment planning includes a Pre-surgical Psychological Screening and consultation with a pain therapy specialist. A request for authorization was submitted for Medical Hypnotherapy-Relaxation Training. A utilization review decision 03-27-2014 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation Training: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis August 2015 update.

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. And 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. The ACOEM discusses the use of relaxation therapy: The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestation of daily, continuous stress. The main disadvantage is that formal training, at a cost is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. A request was made for medical hypnotherapy and relaxation training, the request was non-certified by utilization review which provided the following rationale for its decision: "hypnotherapy is not a standard therapy under MTUS ACOEM and is reserved for particular situations that do not appear to obtain in this case. This is not the first line therapy tool under MTUS ACOEM. Unable to cert as such at this time." This IMR will address a request to overturn the utilization review decision. Medical necessity the requested treatment procedure is not established by the provided documentation. At the time of this request was submitted there was an additional request for group medical psychotherapy which was certified. This treatment modality if utilized as a component of cognitive behavioral therapy treatment would be included in the cognitive behavioral therapy or psychotherapy treatment itself and rather than a separate treatment intervention. This request is therefore considered redundant with the request for group medical cognitive behavioral therapy which was certified. In addition the use of hypnotherapy is recommended for patients with PTSD which does not appear to apply to this patient based on the provided medical records. Relaxation training can be a part of a psychological pain management treatment and would be provided and included within and during the already authorized cognitive behavioral therapy sessions. In addition, it's not clear how neat sessions the patient has already received and whether additional sessions would be consistent with industrial guidelines. Therefore the utilization review determination for non-certification is upheld as medical necessity was not established.