MAXIMUS Federal Services

| Case Number: | CM15-0004100 | | |
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| Date Assigned: | 01/15/2015 | Date of Injury: | 11/21/2005 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

## 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 42 year old male, who sustained an industrial injury to neck, lower back and right ankle on 11/21/2005 after falling off a ladder. He has reported chronic pain, depression, crying spells, weight gain, teeth grinding, and loss of interest in activities, nightmares and body sweats. The diagnoses have included chronic pain syndrome, chronic lumbar radiculopathy, lumbar post laminectomy syndrome, cervical radiculopathy, moderate obesity, myofascial dysfunction, major depression, anxiety and insomnia. Treatment to date has included aquatic therapy, medications, surgery including cervical fusion and 4 lumbar procedures, acupuncture 6 sessions, weight loss diary, Home Exercise Program (HEP), and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, per the primary physician's PR2 dated 11/25/14, IW complains of feeling sad and anxious, difficulty with activities of daily living (ADL's), persisting pain, difficulty sleeping due to pain and excessive worries, difficulty concentrating, and decreased appetite. He states that he needs to take medication to sleep and improve mood. He reports some improvement with medication. He reports that treatment helps improve his mood but he continued to report death thoughts several times weekly. The IW reported suicidal ideation but denies current plan or intent to act on these thoughts and is therefore in need of further mental health services. The objective findings were depressed affect, sad and anxious, apprehensive with facial flushing. He ambulates with a cane. He is pre-occupied with physical and emotional condition. He has death thoughts. The IW reports improved mood with treatment, current emotional condition is stable with psychotherapy and psychotropic medications. Treatment plan was for hypnotherapy/relaxation training 1 time a week for 6 weeks for management of stress

and levels of pain.On 12/9/14 Utilization Review non-certified a request for Hypnotherapy/Relaxation training 1 times weekly for 6 weeks, noting that the records do not indicate that the IW has received hypnotherapy/relaxation before. Per the psychology assistant, the treatment was requested because he has received such training in the past. However, the number of sessions nor evidence of functional improvement from this training has not been established in the medical records submitted. The MTUS and Official Disability Guidelines (ODG) Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/Relaxation training 1 times weekly for 6 weeks:** 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), Pain Chapter, Hypnosis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: Hypnosis

**Decision rationale:** The ACOEM guidelines state that 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 modified 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.The CA-MTUS guidelines are nonspecific for hypnosis, 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 regard to this request for 6 sessions of relaxation therapy/hypnotherapy, there is no documentation regarding the quantity of prior treatment sessions the patient has attended to date. The treatment guidelines specifically state that the total number of sessions of relaxation training should be contained within the number of treatment sessions provided for psychotherapy. This would typically be 13-20 session (ODG). Although progress notes were provided with regards to the patient's prior psychological treatment they do not reflect his participation in this treatment modality there is no indication of the efforts to teach him to learn the techniques independently or progress towards the goal of helping him to relax

when anxious or in pain, or stressed. Because there is insufficient information provided regarding how many sessions the patient is already received it could not be determined whether or not additional sessions exceed guidelines for session quantity. There is an indication that the patient is severely depressed as reflected by thoughts of harming himself and "death thoughts" which may indicate that the patient would be eligible for an extended course of treatment above the standard 13-20 sessions that are usually recommended with sufficient documentation of patient benefited as a result of prior treatment. However because he was injured 10 years ago and has been receiving psychological treatment and because an estimation of how many sessions he has received could not be made, the medical necessity of additional treatment sessions was not supported and the utilization review determination of non-certification is upheld.