MAXIMUS Federal Services

Case Number:	CM15-0186929		
Date Assigned:	09/28/2015	Date of Injury:	08/21/2002
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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 62 year old female, who sustained an industrial injury on 8-21-2002. She reported developing pain in the neck, bilateral upper extremities, legs, hips and feet from repetitive heavy lifting. Diagnoses include major depressive disorder, generalized anxiety disorder, and obstructive sleep apnea. Treatments to date include activity modification, medication therapy, chiropractic therapy, physical therapy, and epidural steroid injections. Currently, she complained of ongoing pain, physical limitations, difficulties with sleep and crying spells. She reported feeling sad, sensitive, emotional and angry, pessimistic and discouraged, and self-critical. The provider documented that the injured worker was status post cervical spine surgery. On 7-31-15, the physical examination documented observation of significant symptoms of depression and anxiety including nervousness, sadness, bodily tension, poor concentration, she appeared tired, preoccupied, over talkative and tearful. The plan of care included group psychotherapy, relaxation training-hypnotherapy, and a psychiatric evaluation and treatment. The appeal requested authorization of eight (8) hypnotherapy-relaxation training sessions. The Utilization Review dated 9-2-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Hypnotherapy/relaxation training: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Hypnosis (2015).

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.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [redacted] on 6/9/15. In the subsequent report, [redacted] recommended follow-up group psychotherapy, hypnotherapy and relaxation training, and a psychiatric evaluation for psychotropic medications. It does not appear that these were requested until the RFA dated 8/6/15. However, the injured worker did complete a follow-up visit on 7/31/15. In the progress report dated the same day, it is noted that the injured worker had yet to complete any psychological services. Therefore, the request under review, for 8 hypnotherapy sessions, is an initial request. Although the ODG primarily discusses the use of hypnosis for the treatment of PTSD, it states that "various meta-analyses of studies on the treatment of anxiety, pain, and other conditions imply that hypnosis can substantially enhance the effectiveness of psychodynamic and CBT." It further recommends that the "number of visits be contained within the total number of psychotherapy visits". Utilizing this guideline, the request for an initial 8 hypnotherapy/relaxation sessions appears reasonable in conjunction with the psychotherapy already authorized. As a result, the request for initial 8 hypnotherapy/relaxation training sessions is medically necessary.