

Case Number:	CM15-0187353		
Date Assigned:	09/29/2015	Date of Injury:	03/17/2001
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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 55-year-old male who sustained an industrial injury on 3-17-2001. Diagnoses have included lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculitis, discogenic low back pain, depressive disorder, and sleep disorder insomnia type. Documented treatment for his injuries included caudal epidural steroid infusion 4-21-2015, acupuncture, physical therapy, and medication to manage pain. The injured worker had been reporting pain, impaired functionality, and emotional and coping difficulties. He was referred for a psychological evaluation. The treating psychologist's plan of care includes cognitive group therapy, and submitted a request for authorization on 8-21-2015 for eight sessions of medical hypnotherapy-relaxation training with a rationale stated 8-19-2015 of increasing ability to use appropriate pain control methods to manage levels of pain; and, improve patient's duration and quality of sleep. The hypnotherapy was denied on 9-1-2015. The injured worker is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Medical Hypnotherapy/Relaxation Training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Hypnosis, Psychotherapy.

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. Decision: a request was made for eight sessions of medical hypnotherapy and relaxation training, the request was modified by utilization review to allow for four sessions; this IMR will address a request to overturn the utilization review decision and authorize eight sessions. According to a comprehensive psychological evaluation from October 2, 2014 patient has been diagnosed with: Depressive Disorder, not otherwise specified (history of dysthymic disorder); history of alcohol abuse, nonindustrial. It is also noted that the patient does not meet the criteria for Post-Traumatic Stress Disorder. At that time it was recommended that he receiving immediate psychiatric treatment for the management of chronic depression and engages in weekly psychotherapy treatment. It is not clear how much prior psychological treatment the patient has been afforded on an industrial basis. Claimants date of injury over 14 years, and it would be important to know how much psychological treatment he has received for his industrial injury to date. That indication according to the MTUS guidelines for hypnotherapy is specific for the treatment of PTSD. Although there are indications in the industrial guidelines for the use of relaxation therapy on an industrial basis. Industrial guidelines recommend that the total quantity of sessions used for hypnotherapy be contained within the total quantity of sessions provided of general psychotherapy. Presumably this would apply also to relaxation training. According to a August 19, 2015 evaluation management of a new patient report the patient is in need of psychological treatment at this juncture. A request was made for group behavioral cognitive therapy and psychiatric consultation along with this request. The cognitive behavioral group psychotherapy and psychiatric consultation was certified by utilization review. Utilization review also authorized four sessions of this treatment modality. At this juncture, without knowing how much prior psychological treatment and specifically the patient has received on an industrial basis, medical necessity for this request was not established.