

<b>Case Number:</b>	CM15-0209042		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/06/2008
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 35 year old male with a date of injury on 09-06-2008. The injured worker is undergoing treatment for major depressive disorder-single, generalized anxiety disorder, male hypoactive sexual disorder, insomnia and status post lumbar spine decompressive laminectomy, rule out discogenic pain. A physician progress note dated 09-21-2015 documents the injured worker reports feeling worried, nervous, and frustrated. He attends groups and he finds them helpful for understanding his symptoms of depression and anxiety. He reports feeling sensitive, irritable and angry. He has headaches and difficulty sleeping. He is preoccupied with his physical and emotional condition. He has difficulty focusing, concentration and remembering things. He has thoughts of death but denies suicidal ideation. He ambulates with a cane. He is in need of continued mental health interventions to cope with and manage his current symptom of depression, anxiety, stress and thoughts of death. His treatment plan includes cognitive behavioral group psychotherapy, relaxation training-hypnotherapy, and cognitive behavioral therapy; continue psychiatric treatment as recommended by psychiatrist and a follow up in 45 days. Treatment to date has included cognitive behavioral group therapy, medications and individual cognitive behavioral therapy. Medications include Celexa, and Xanax as documented on 08-25-2015 progress note. The Request for Authorization dated 09-25-2015 includes Medical hypnotherapy-relaxation training 6 sessions and group medical psychotherapy. On 10-13-2015 Utilization Review non-certified the request for Medical hypnotherapy- relaxation training 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy/relaxation training 6 sessions:** 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. Decision: The medical necessity the requested procedure is not established by the provided documentation because it's not clear how much prior treatment the patient has received to date for his industrial injury. According to a treatment first report of occupational injury from October 15, 2014 from the requesting provider, the request was submitted for this treatment modality 12 sessions. The total quantity of sessions recommended by the industrial guidelines for hypnosis is listed as: "Number of visits should be contained within the total number of psychotherapy visits." The Official Disability Guidelines recommend 13 to 20 visits for most patients but an exception can be made in cases of the most severe Major depressive disorder to allow for additional treatment with continued documentation of medical necessity as well as detailed objectively measured functional improvement. Treatment progress notes indicate that the patient has probably received at the very least six months of treatment in 2015 alone not including any prior years, but this could not be determined definitively. Treatment progress notes do have a treatment plan listed however there is no updated information in the treatment goals are just repeated from month-to-month with no dates of accomplishment of treatment goals listed. In addition, because the total quantity of sessions at the patient has received to date is unknown and that because this treatment modality should be included within any psychological treatment, the patient has appears to probably already have received the maximum recommended treatment quantity by both the MTUS and ODG. Therefore, request is not medically necessary and the utilization review decision is upheld.