

Case Number:	CM15-0062052		
Date Assigned:	04/08/2015	Date of Injury:	09/09/2009
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50-year-old female, who sustained an industrial injury on 09/09/2009. The injured worker is currently diagnosed as having carpal tunnel syndrome with carpal tunnel release, supraspinatus sprain/strain, infraspinatus sprain/strain, and adhesive capsulitis of shoulder, rotator cuff repair, depressive disorder, anxiety disorder, and sleep disorder. Treatment to date has included physical therapy, left shoulder surgery, and medications. In a progress note dated 02/27/2015, the injured worker presented with complaints of sleeping difficulties due to her pain and worrying excessively. The treating physician reported requesting authorization for relaxation training/hypnotherapy to help injured worker manage stress and/or levels of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Hypnosis.

Decision rationale: Pursuant to the official disability guidelines, medical hypnotherapy / relaxation treatment is not medically necessary. Hypnosis is recommended as a conservative option depending on the availability of providers with proven outcomes, the quality of evidence is weak. Hypnotherapy guidelines include an initial trial of 4 visits over two weeks; with evidence of objective functional improvement a total of up to 10 visits over 6 weeks (individual sessions) may be indicated. In this case, the injured worker's working diagnoses are depressive disorder; anxiety disorder; female hypoactive sexual desire; and sleep disorder due to chronic. Subjectively, according to a February 27, 2015 progress note, the injured worker worries about her physical condition. She feels sad, emotional and sensitive. She has difficulty sleeping due to pain and worries excessively. Objectively, the injured worker appears sad, anxious, apprehensive, tired with memory difficulties. Treatment plan includes cognitive behavioral psychotherapy one session per week for six weeks; relaxation training/hypnotherapy to help manage stress and/or levels of pain for six weeks; psychiatric treatment as indicated by psychiatrist. The documentation states the injured worker has been responsive to psychotropic medication. There are no psychotropic medications documented in the medical record. Guideline recommendations for hypnotherapy include a new initial trial of four visits over two weeks. The treating physician requested six visits in excess of the recommended guidelines. Documentation according to an October 17, 2014 progress note shows the injured worker was in group therapy but was unable to attend due to transportation. Utilization review physician initiated a peer-to-peer conference call with a [REDACTED], the psychological assistant on March 19, 2015. Utilization review physician stated the guidelines indicate hypnotherapy is usually a treatment for PTSD. This is not a diagnosis for the injured worker. There is no documentation in the medical record as to providers with proven outcomes with hypnotherapy. Additionally, the quality of evidence is weak for hypnotherapy. Consequently, absent clinical documentation with providers with proven outcomes or hypnotherapy, weak evidence for hypnotherapy, a trial of four visits of hypnotherapy (the provider requested six visits), and medical hypnotherapy/relaxation treatment is not medically necessary.