

<b>Case Number:</b>	CM15-0084958		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 51 year old male, who sustained an industrial injury on 04/29/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cognitive disorder not otherwise specified, major depressive disorder, anxiety disorder not otherwise specified, and sleep disorder not otherwise specified. Treatment to date has included medication regimen, inpatient psychiatric hospitalization, individual psychotherapy, and cognitive behavioral therapy. In a progress note dated 04/01/2015 the treating psychologist noted that the injured worker has continued complaints of anxiety and depression along with difficulty communicating with slow speech and difficulty with memory. Due to the effects of his symptoms on his relationships, the injured worker has feelings of sadness. The treating psychologist requested hypnotherapy with relaxation for once a week for six weeks, but the documentation provided did not indicate the specific reason for this requested therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/relaxation 1 a week 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), hypnosis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: hypnosis March 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 hypnotherapy/relaxation one time a week for 6 weeks for a total of 6 sessions. The request was not certified by utilization review; however, utilization review offered a modification to allow for sessions with 2 sessions not approved. This IMR will address a request to overturn that decision. Although detail treatment progress notes were provided for consideration they appear to be from his cognitive behavioral therapy treatment and do not address this particular treatment modality. There is no indication whatsoever of how much treatment the patient has received to date. It could not be determined whether or not the patient has been participating in hypnosis/relaxation therapy and if so what the outcome of those sessions, if any, has been in terms of objectively measured functional improvements. The provided treatment progress notes do not contain any objective measures of patient change as a result of treatment. Subjectively, there does appear to be some benefit to the patient reported in the progress notes. Without knowing how much hypnotherapy/relaxation training the patient has already received as well as treatment progress notes specific to this treatment modality detailing the patient's ability to use the techniques independently as well as the effectiveness of his ability to relax in session as well as out of it the medical necessity of the treatment request could not be established. Continued psychological treatment is contingent upon detailed documentation of all of the following: patient psychological symptomology at a clinically significant level that warrants treatment, that the total quantity of sessions being requested in addition to the total quantity of sessions already received conforming with MTUS/official disability guidelines, and documentation of objectively measured functional improvement based on prior treatment. Although the first criteria (significant patient psychological symptomology that warrants treatment) was adequately met by the provided progress notes the remaining 2 issues were not adequately documented. The provided medical records do not adequately meet the MTUS/ODG standards to establish medical necessity and therefore the utilization review determination is upheld.