

<b>Case Number:</b>	CM15-0085455		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 41 year old who sustained an industrial injury on 07/29/2013. Diagnoses include generalized anxiety disorder, posttraumatic stress disorder, chronic pain syndrome, major depressive disorder, single episode, mild degree. Treatment to date has included medications, status post orthopedic injury and back surgery, and psychotherapy. A physician progress note dated 03/23/2015 documents the injured worker reports chronic pain, and depression and anxiety related to his pain, along with insomnia and excessive worries. He is apprehensive, sad and has an anxious mood, and has a depressed affect. The treatment plan includes group medical psychotherapy, cognitive behavioral individual psychotherapy sessions, and continuation of psychotropic medications. Treatment requested is for medical hypnotherapy/relaxation treatment.

### 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, Mental Illness and Stress, 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:** Citation Summary: 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. In addition, 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. A request was made for medical hypnotherapy/relaxation training. The request was non-certified by utilization review with the following provided rationale: there was a lack of documentation showing that the patient has a diagnosis of PTSD and further clarification is needed regarding whether or not he has had hypnotherapy previously to address the same symptoms. Also, the number of sessions of hypnotherapy being requested was not clearly stated within the request and without this information, the request would not be supported. Furthermore further clarification is needed regarding whether or not the patient has previously undergone hypnotherapy and relaxation training and for how many sessions. The medical necessity of the requested treatment is not supported by the provided documentation. The number of sessions being requested is not specifically stated in the request and therefore cannot be approved. Unspecified quantities of sessions are the equivalent of unlimited treatment in the medical necessity of which is not supported. In addition, the total number of sessions the patient has received to date is not specified and there is insufficient information reflecting objectively measured treatment improvements based on prior psychological treatment. Treatment progress was described in a March 23, 2015 progress note as: "the patient has made progress with psychotherapy interventions." On a treatment progress note from May 4, 2015, progress is mentioned as: "patient has made some improvement towards current treatment goals as evidenced by patient reports of improved mood and ability to change mal-adaptive thoughts with treatment." Treatment goals are listed but do not contain estimated dates of accomplishment or indications of prior accomplishment of previous treatment goals There is insufficient detail of the types of progress being made with no objectively measured assessment tools providing empirical outcome data Indicating functional improvement. For these reasons the medical necessity the request is not established and therefore the utilization review determination for non-certification is upheld.