

Case Number:	CM14-0115909		
Date Assigned:	08/04/2014	Date of Injury:	04/30/2011
Decision Date:	10/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records that were provided for this IMR, this patient is a 39-year-old male who reported an industrial/occupational injury that occurred on April 30, 2011, The injury occurred when the patient was working as a window washer and fell off the roof landing on a cement balcony one floor down. He had immediate and intense pain that was experienced in the back, shoulder, head and legs: he was bleeding profusely from his mouth and screaming in pain when he was transported to emergency hospital. He sustained multiple severe injuries including lumbar and pelvis fracture, posttraumatic head syndrome with cephalgia, cervical sprain/strain and degenerative disc disease C4-6, bilateral shoulder sprain/strain, and multiple additional medical diagnoses. This independent medical review will address symptoms and treatment related to his psyche. The patient has recently had completed a course of 17 group psychotherapy treatment sessions. The patient continues to report constant and chronic headache, memory problems, or sense of direction, difficulty comprehending reading, slurred speech, and perceives people to be mumbling when they are speaking with him, there are also word finding problems and possible summations. A treating psychologist acknowledged a need for referral to neuropsychological evaluation or a neurobehavioral status exam to better address his traumatic brain injury. The patient complains of constant neck pain that radiates to the head with associated headache, bilateral shoulder and knee pain and constant back pain. Psychological difficulties include depression and loss of hope. He reports ongoing sexual dysfunction. He has been diagnosed with: Major Depressive Disorder, Single Episode, Severe without Psychotic Features; Posttraumatic Stress Disorder, Chronic; Insomnia; Mental Disorder Not Otherwise Specified, Head Trauma. Psychological testing was conducted in January 2014 and indicated depressions, anxiety, sleep difficulties, sexual difficulties, memory problems, attention span deficits, gastrointestinal disturbance, and physical complaints. Beck Inventory scores reflected severe

anxiety and depression. He has periodic episodes of suicidal ideation and reports persisting thoughts of death without intention to harm himself. A treatment progress note dated June 2014 from his primary treating psychologist reports continued persistent pain, sleep difficulties with some improvement with medication, feeling tired, nervous, anxious, and tense. He has nightmares and dreams related to the accident, but decreased frequency of flashbacks related to the accident while awake. There are fears of dying and fears the worst happening to him and feeling sad about not being able to work and be productive causing a result of lost confidence. Treatment goals were listed as decreasing frequency and intensity of depressive and anxious symptoms, improving duration and quality of sleep, and decreasing frequency of flashbacks, nightmares, and intrusive recollections of industrial accident. Treatment progress has been noted in "decreased intrusive flashbacks related to the accident and sleep." Patient is receiving monthly psychiatric treatment. A similar progress note was found for May 2014 with same treatment goals and progress was listed as "improved mood, sleep, and ability to relax with treatment." A request was made "relaxation training/hypnotherapy 1x a week for 6 weeks. The request for this treatment was not approved; this IMR will address a request to overturn this UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation Training/Hypnotherapy 1 Session per Week times 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Clinical Neuropsychologist, 21, 209-31; p.219

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis. See also Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: MTUS guidelines mentioned that stress management techniques can help reduce the symptoms of stress and give the patient control over stressful situations and offer a measurable and concrete result... The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (automatic and neuroendocrine) and cognitive functions in response to stressors. The official disability guidelines for hypnosis state that it is a therapeutic intervention that may be effective at adjunctive procedure in the treatment of posttraumatic stress disorder (PTSD) and hypnosis may be used to alleviate PTSD symptoms such as pain, anxiety, disassociation and nightmares which hypnosis has been specifically used. Hypnosis should be used only by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working with in areas of their national expertise. The number of treatment sessions should be contained within the total number of psychotherapy visits. With respect to this case, there were no progress notes provided that address the patient's prior of hypnosis/relaxation therapy. There was no mention of how many prior sessions the patient is already had, although it was stated in the utilization review rationale that he had had 17 treatment sessions of group therapy. The total number of hypnosis sessions number of psychotherapy visits. According to guidelines 13-20 sessions maximum may be offered the patient making

progress in their treatment. There were no details provided with respect to this patient's response to the sessions of relaxation/hypnotherapy that he is already derived; specifically, the qualifications of the persons providing the technique were not mentioned the depth of relaxation that the patient was able to achieve was not discussed in any manner, there was no evidence of helping the patient to train for independent use of relaxation home training, no psychophysiological recordings of improved physiological relaxation were offered (for example, blood pressure or galvanized skin response or temperature which are common measures of relaxation) there was evidence of objective functional improvement was insufficient to warrant additional sessions beyond the already provided maximum, any benefit that was derived from the prior sessions of relaxation therapy/hypnotherapy were not distinguishable from any benefits that were derived from other treatment these such as his group therapy. The medical necessity of this request has not been established and request to overturn the utilization review decision is not approved.