

Case Number:	CM14-0143089		
Date Assigned:	09/10/2014	Date of Injury:	11/21/2008
Decision Date:	11/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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 Texas. 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:

The injured worker is a 44-year-old male with a reported date of injury on 11/21/2008. His diagnoses were noted to include major depressive disorder, generalized anxiety disorder, and insomnia. His previous treatments were noted to include cognitive behavioral psychotherapy. The progress note dated 06/13/2014 revealed complaints of sadness, anxiety, and helplessness due to pain and physical limitations. The injured worker experienced shakiness throughout parts of his body and that he was better able to manage his anger and anxiety symptoms. The injured worker indicated he lacked energy and felt weakness and had difficulties concentrating and remembering things. The injured worker reported some improvement of sleep with medication. The objective findings revealed less tension and apprehension. The injured worker ambulated with a cane and continued to be anxious and preoccupied about the future and his physical condition. The treatment goals were intended to decrease the frequency and intensity of depressive symptoms, improve duration and quality of sleep, and decrease frequency and intensity of anxious symptoms. The provider indicated the progress toward the treatment goals were evidenced by improvement of sleep and emotional condition and that he was learning how to manage his anxious symptoms and anger. The progress note dated 07/25/2014 revealed complaints of pain that affected his activities of daily living. The injured worker indicated without medication he had difficulty sleeping because of his pain. The injured worker reported feeling tired during the day and memory difficulties, headaches, concentration problems, bodily tension, and numbness throughout his body. The injured worker complained of sadness as well as nervousness. The injured worker worried about his physical condition and levels of pain. On occasion, the injured worker felt anger and irritability because he was unable to engage in his usual activities as once did. The injured worker reported he felt sad and that he was less active than he once was prior to his accident. The objective findings revealed the injured worker was

sad and anxious, and preoccupied with his physical symptoms and level of pain. The injured worker ambulated with a cane, had poor concentration, and was in continued need of treatment for his symptoms of depression and anxiety. The treatment goals were noted to decrease frequency and intensity of depressive symptoms, improve duration and quality of sleep, decrease frequency and intensity of anxious symptoms, and increase the use of appropriate pain control methods to manage the levels of pain. The provider indicated the injured worker had made some progress toward treatment goals as evidenced by the reports of improved and ability to cope with stressors. The Request for Authorization form dated 08/12/2014 was for relax training and hypnotherapy to help the injured worker manage stress and/or levels of pain for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Relax Training/Hypnotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The request for Relax Training/Hypnotherapy is not medically necessary. The injured worker suffers from depression and anxiety. The Official Disability Guidelines recommend hypnosis as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. The pilot study indicated that a brief, 4 session's standardized self-hypnosis protocol, combined with psychoeducation, significantly and substantially reduced pain intensity. The findings of this trial supported greater benefits effects from self-hypnosis training compared to cognitive training or on average pain intensity, but the combined hypnosis/cognitive restructuring intervention appeared to have beneficial effects greater than the effects of either cognitive restructuring or hypnosis alone. The Guidelines indicate an initial trial of 4 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks (individual sessions). The documentation provided indicated the injured worker needed help to manage stress and/or levels of pain. There was a lack of documentation indicating a necessity for 6 sessions, which exceeds guideline recommendations. Therefore, the request for 6 sessions of Relax Training/Hypnotherapy is not medically necessary.