

<b>Case Number:</b>	CM14-0161570		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

Based on the records provided for this IMR, this patient is a 63-year-old female who reported a work-related injury that occurred on July 4, 2012; there is a second date of injury December 19, 2012. Patient has been working for [REDACTED] as a cashier with an eight year employment history in customer service, packing merchandise, hanging clothing, and as a cashier. She reports that she was carrying a chair for a customer when she suddenly slipped and fell backwards and landed on her back on the floor. The paramedics were called and she was transported to [REDACTED]. She reports constant low back pain that radiates into the right leg down into the foot. She reports limitations in activities of daily living as follows: standing, sitting, reclining, walking, climbing stairs, grasping, lifting, and having normal sleep. She's been treated with physical therapy, time off work, MRI study of the lumbar spine (results unknown to patient), nerve conduction test, electrotherapy belt for back pain. There was little improvement to her condition with these treatments. She has been diagnosed with right-sided L5/S1 disc protrusion with the right S1 radiculopathy; lumbar spine discogenic back pain. Primary treating physician's initial report from February 2014 was under the category of psychiatric "the patient denies depression, anxiety, insomnia, or suicidal ideation." This IMR will focus on her psychological symptoms as they relate to the requested treatment for six sessions of medical hypnotherapy. The patient had a comprehensive psychological evaluation June 2014. The patient has been diagnosed with Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia Related to Generalized Anxiety Disorder and Chronic Pain; Stress-Related Physiological Response Affecting General Medical Condition, Gastric Disturbances, Headache. Psychological symptoms include worry about worsening physical condition and inability to work, distressed about income to pay bills, sleep difficulty, frequent awakening during the night because of pain, fearful about the future, wishing that she was dead, helpless and hopeless.

Treatment recommendations included "cognitive behavioral therapy on a weekly basis for six weeks, psychiatric consultation for the use of psychiatric medications and psychiatric treatment monthly for 6 months; weekly relaxation training at hypnotherapy as pain control methods for six weeks to allow her to better cope with her chronic pain and physical limitations. The treatment goals for hypnotherapy were stated as: "increase the patient's ability to use appropriate pain control methods to manage levels of pain; improve the patient's duration and quality of sleep and decrease the frequency and intensity of the patient's depressive and anxious symptoms." The request for medical hypnotherapy 6 sessions was made and non-certified; the utilization review rationale for non-certification stated: "this injured worker has not been diagnosed with posttraumatic stress disorder. The recommended treatment for depression, and anxiety would be cognitive behavioral therapy at this time. There was no additional information regarding the medical necessity of therapy and therefore based on the foregoing this request is non-certified for medical hypnotherapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medical hypnotherapy x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis, June 2014 Update

**Decision rationale:** The CA-MTUS guidelines are non-specific for the use of medical hypnosis in the treatment of chronic pain for depression/anxiety. However, the official disability guidelines do address the issue of the use of hypnosis and states that it is a "therapeutic intervention that may be an effective adjunctive procedure in the treatment of posttraumatic stress disorder PTSD, and hypnosis may be used to alleviate TST symptoms such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used." It is also been shown to be helpful in the treatment of irritable bowel syndrome. The official disability guidelines go on to say that "hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive behavioral or other therapy's and has been shown to enhance significantly their efficacy for a variety of clinical conditions." The criteria for use of hypnosis are stated as: "hypnosis should only be used by credentialed health care professionals are properly trained in the clinical use of hypnosis and are working with in areas of their professional expertise. There are a number of indications for using hypnosis in the treatment of PTSD... Number of visits should be contained within the total number of psychotherapy visits."With respect to this patient, it appears that she has had six prior sessions of medical hypnotherapy. It is possible that she has had more, or less, but because there was no documentation provided the precise number of sessions that she has had was unclear. There was no treatment progress notes provided whatsoever with respect to the prior sessions of medical hypnotherapy. There was no documentation of improvement or functional outcome; it is not even entirely clear whether or not she had the sessions and who provided them. There was no documentation noting that the

providing therapist was properly trained in hypnosis, there was no indication of how deep of a trance state she achieved or discussion of her hypnotizability, there was no discussion on whether she is being trained in the use of the procedure independently in terms of self-hypnosis. There was no indication of whether or not she achieved any pain relief or improvement in symptoms of depression and anxiety. Although the guidelines do suggest that hypnotherapy could be used in cases other than PTSD there was no indication about why this particular procedure would be used over general standard psychotherapy techniques with this patient. Without evidence of what transpired in her prior treatment sessions and proper justification of why this patient should be receiving this treatment, and the total number of sessions that she has had to date, and if there was any objective functional improvement as a result of prior sessions, the medical necessity of additional sessions of hypnotherapy has not been substantiated and therefore the request for Medical hypnotherapy x6 is not medically necessary.