

<b>Case Number:</b>	CM14-0163225		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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:

The claimant is a 41 year-old female with a date of injury of 7/12/12. The claimant sustained injury to her left knee when her foot slipped and she supported the weight of her body with her left leg as she was raising a bag overhead to throw into a dumpster. The claimant sustained this injury while working as a cashier for [REDACTED]. She has been treated with medications, knee support/brace, physical therapy, chiropractic, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In his "Psychological Consultation Report/Request for Treatment Authorization" dated 7/9/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Insomnia related to generalized anxiety disorder and chronic pain; and (4) Stress-related physiological response affecting general medical condition, gastric disturbances, headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/Relaxation Training x 6 Sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The ACOEM guideline regarding relaxation techniques and the Official Disability Guideline regarding hypnosis will be used as reference for this case. Based on the review of the medical records, the claimant is experiencing psychiatric symptoms of depression and anxiety as well as chronic pain. The request under review is for an initial 6 sessions of hypnotherapy/relaxation techniques. The ACOEM recommends the use of relaxation techniques to reduce anxiety symptoms and unhealthy physiological responses to stress. Although the ODG discusses the use of hypnosis for PTSD patients, the recommended number of hypnotherapy sessions will be referenced. It is indicated that the number of hypnotherapy sessions "should be contained within the total number of psychotherapy sessions." Given that the claimant has likely been authorized for an initial trial of 6 psychotherapy sessions based on her diagnoses, the request for 6 hypnotherapy/relaxation sessions appears reasonable. As a result, the request for "Hypnotherapy/Relaxation training x 6 sessions" is medically necessary. It is noted that the claimant received a modified authorization of 4 hypnotherapy/relaxation training sessions in response to this request.