

Case Number:	CM14-0215250		
Date Assigned:	01/02/2015	Date of Injury:	04/29/2012
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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:

According to the provided medical records, this patient is a 50 year old female who reported a work related injury that occurred on April 29 2012. The injury occurred when the patient was lifting a heavy chest of medical supplies, resulting in injury to her back that radiates to the lower extremities. This IMR will be focused on the patient's psychological status as it relates to the current requested treatment. As a function of her industrial injury, she has been diagnosed with the following psychological disorders: Generalized anxiety disorder, Insomnia, Major depressive disorder, single episode, severe without psychotic symptoms; Stress-related physiological response affecting GI disturbance and headache. She reports subjective complaints of: sadness, helplessness, hopelessness, excessive worry, anxiety, crying, suicidal thoughts and plan but has not acted on it. As best as could be determined she has not had prior psychological treatment. No psychological-specific treatment documents were including for consideration for this review. A request was made for Medical hypnotherapy /relaxation training 1 time per week for 12 weeks (12 sessions total). The request was non-certified with a modification by utilization review to allow for four sessions. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation 1xWk x 12Wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2014, Pain Chapter, Hypnotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and Stress Chapter, Topic Hypnosis. November 2014 update, see also Cognitive Behavioral Therapy (CBT), topic psychotherapy guidelines

Decision rationale: The MTUS is non-specific on the use of Hypnosis and relaxation training. However, the Official Disability Guidelines (ODG) state that Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. It is noted further that the total number of visits should be contained within the total number of Psychotherapy visits. The issue of total number of psychotherapy visits is further clarified in the ODG therapy as 13-20 visits over 7-20 weeks of individual sessions if progress is being made for most patients (see ODG -Cognitive Behavioral Therapy guidelines), The current treatment request is for 12 sessions. There was insufficient documentation to support the medical necessity of this request. No psychological treatment progress notes were provided for consideration for this review. An initial brief treatment trial is recommended for psychotherapy and while the ODG does not specifically require this for hypnosis, it should be also provided to make sure that the patient responds to treatment. She has been authorized for 12 sessions of group therapy and 4 sessions of hypnosis. If additional treatment after is needed it would need to be supported by documentation of patient benefit from the initial treatment trial. If the outcome of the initial treatment trial results in objective functional patient benefit than additional treatment can be considered if she is still in need. Without documentation of patient benefit from the initial treatment trial the medical necessity of this request was not established, the medical necessity was not established; therefore the request is not medically necessary.