

Case Number:	CM14-0216551		
Date Assigned:	01/06/2015	Date of Injury:	04/30/2011
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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:

The injured worker is a 40 year old male with a date of injury as 04/30/2011. The cause of the injury was related to falling 18 feet, sustaining injuries to the cervical spine, bilateral shoulders, left elbow, lumbar spine, bilateral hips, bilateral knees, inner thigh, and genitals. The current diagnoses include status post 18-foot fall, post traumatic head syndrome with cephalgia, cervical sprain/strain, bilateral shoulder sprain/strain, bilateral shoulder impingement syndrome, left elbow sprain/strain, transverse process fractures L2-L4, lumbar spine with sacralization, sacroiliac joint injury with displacement, bilateral knee sprain/strain, sleep difficulty, stress and anxiety, gastritis, and sexual dysfunction. Previous treatments include multiple medications, and group psychotherapy. Physician's reports dated 05/19/2014 and 08/20/2014, psychological evaluations dated 06/16/2014 through 11/03/2014, qualified medical examiners reports dated 06/25/2014 through 11/18/2014, echocardiogram 05/19/2014, and laboratory evaluation were included in the documentation submitted for review. Psychological evaluation dated 11/03/2014 noted that the injured worker presented with complaints that included pain in the back, neck, shoulders, and head which interferes with activities of daily living and his sleep. The injured worker tends to feel socially isolated and withdrawn, and feels sad, nervous and irritable. He has been diagnosed with the following psychological disorders: major depressive disorder, single episode, severe; posttraumatic stress disorder, chronic pain. Physical examination revealed a sad and anxious mood, depressed effect, irritable, and tense. It was further noted that he continues to have symptoms of anxiety and depression and is in need of continued treatment. The physician documented that the injured worker has been able to make progress towards current treatment

goals, by showing some improvement in managing emotional symptoms. Treatment recommendations was for relaxation training/hypnotherapy to help manage stress and/or levels of pain. According to a treatment progress note from the patient's primary treating psychologist from June 16, 2014 a request is being made for additional relaxation training/hypnotherapy one time per week to help the patient with the following treatment goals patient will decrease frequency and intensity of depressive and anxious symptoms, improve duration and quality of sleep, and decrease frequency of flashbacks, nightmares, and intrusive recollections of the industrial accident. There were no dates of expected accomplishment and progress towards goals was limited to a single statement stating that the patient "some improvement of the intrusive flashbacks related to the accident and sleep." According to a Psychiatric QME from July 28, 2014, the patient continues to experience significant symptoms of posttraumatic stress disorder with hyper-arousal symptoms of insomnia, reduced concentration, irritability, and hypervigilance to his environment. It is noted that his Beck depression inventory score remains in the severely depressed classification in fact he is had a 15 point increase from prior testing. It is also noted that on the Beck anxiety inventory he remains in the severe classification with a 22 point increase score also in the severe range of anxiety. It was stressed in the QME report that he is not receiving the individual therapy format that is needed to properly treat his PTSD and depressive symptoms. There was notation of the patient reporting some improved mood as a result of the treatment he is received as he is able to hear other patients who are suffering as he is and he gives him a sense of not being alone with his situation. Furthermore, it was stated in this QME report that because he is not receiving appropriate treatment for the posttraumatic stress disorder his symptoms remain essentially unchanged. A treatment progress note from the primary treating psychologist from September 8, 2014 indicates that the patient is having improved mood and ability to cope due to treatment. A subsequent treatment progress note from November 3, 2014 indicates persistent pain in his neck back and shoulders and head which interferes with activities of daily living and sleep and results in social isolation. That he is sad, nervous, irritable but rarely feels or wishes he was dead and denies any suicidal or homicidal ideation. The injured worker is permanently disabled. The utilization review performed on 12/01/2014 non-certified a prescription for relaxation training/hypnotherapy based on medical necessity. The reviewer referenced the ACOEM guidelines in making this 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 time a week x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Part 2, behavioral interventions, topic hypnosis February 2015 update.

Decision rationale: The CA-MTUS guidelines are nonspecific for hypnosis, however the ODG - official disability guidelines does discuss the use of hypnosis and says that it is recommended as an option, a therapeutic intervention that may be an effective adjunctive procedure in the

treatment of post-traumatic stress disorder PTSD. That hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. It is also mentioned as a procedure that can be used for irritable bowel syndrome. Hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise. The total number of visits should be contained within the total number of psychotherapy sessions. Treatment progress notes contained no information regarding the patient's prior experience in receiving this treatment modality. Is unclear whether or not the treatment is being provided by a credentialed health care professional who is trained in hypnosis and working within the areas of their professional expertise as stated in the official disability guidelines. Treatment progress notes did discuss his participation in group cognitive behavioral therapy but made no specific reference to his response to relaxation training/hypnotherapy, it is not clear what progress has been achieved from prior sessions of relaxation training hypnotherapy. Is unclear if his ability to relax has improved as a result of prior treatment or if he is able to retain this feeling of relaxation after the session is over. It was not clear if relaxation training has resulted in decreased pain or increased functionality. There is no indication of teaching the patient self induction techniques so that he can use relaxation training and hypnotherapy independently. It was not clear whether or not he has attempted to use these techniques at home, there was no discussion of teaching he to be able to achieve these states of consciousness independently. Although several treatment goals were mentioned, there was no update on the progress towards these goals nor was there any expected date of achievement nor was there any significant updates of the goals from month-to-month. The treatment goals were not specific for this treatment modality and appeared to be related to his cognitive behavioral therapy treatment. There was no objectively measured outcome indices provided. A comprehensive QME psychological re-evaluation stated that he is not receiving individual psychotherapy which would be most appropriate vs group therapy. Is not clear if this relaxation training/hypnotherapy is in a group format or individual format, but it appears to be most likely a group format that is being requested. According to official disability guidelines the number of sessions of relaxation training/hypnosis needs to be contained within the total number of psychological treatment sessions, there was no mention of the total number of psychological sessions that he has had. Because of these reasons, the medical necessity of the request was not established and because the medical necessity was not established, the utilization review determination for non-certification is upheld.