

Case Number:	CM15-0010605		
Date Assigned:	01/27/2015	Date of Injury:	10/05/2011
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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 63 year old male who sustained an industrial injury on 10/05/2011. He complains of anxiety, depression and insomnia. Diagnoses include major depressive disorder, generalized anxiety disorder, insomnia related to anxiety disorder and chronic pain, and stress-related physiological response affecting headaches. Treatment to date has included medications, and cognitive behavioral therapy, hypnotherapy/relaxation training and psychiatric evaluation. A physician progress note dated 12/10/2014 documents the injured worker feels sad, tired, hopeless and helpless. He is also angry and irritable. He has trouble falling asleep. Treatment requested is for Medical hypnotherapy/relaxation training 1 x week x 6 weeks (6 Sessions) On 12/23/2014 Utilization Review modified the request for medical hypnotherapy/relaxation training 1 x week x 6 weeks (6 Sessions), to 1 x week for 4 weeks, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM) Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation training 1 x week x 6 weeks (6 Sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399, 1062-1067, Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, Hypnotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: hypnosis. February 2015 update

Decision rationale: Citation: ACOEM Relaxation techniques The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestation of daily, continuous stress. The main disadvantage is that formal training, at a cost is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. ODG: Hypnosis. The CA-MTUS guidelines are nonspecific for hypnosis, however the 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 adjunct to procedure in the treatment of post-traumatic stress disorder PTSD. And 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 visits. Decision: The utilization review determination for non-certification was stated as: "the patient's emotional issues could be addressed by the recommended group psychotherapy (certified 4 sessions). The guidelines state that there are other relaxation techniques such as going for a walk, playing with children or pets, spending time alone, or talking with a friend or counselor. Integrating these activities into a stressful time can help create more stable life balance." There is limited documentation regarding the number of treatment sessions the claimant has attended to date or specific objective functional improvements as a result of prior treatment. The medical necessity of the proposed intervention is not established by clinical documentation or evidence-based medicine literature." The patient was evaluated in December 2014 both psychological and a psychiatric basis. As best as could be determined the patient has not yet received any sessions of this requested treatment modality. The request was made in conjunction with a request for group psychotherapy which was partially certified. The requested treatment is supported by both the MTUS-ACOEM and the official disability guidelines as it may be beneficial in the treatment of chronic pain conditions. Because the patient has not yet participated in any of this treatment, as best as could be determined, brief course of training in relaxation can be useful in the moment of pain as a non-pharmacological coping skill. Because the patient has been properly identified as a chronic pain patient, and because he is not received any of these treatments so far to date is best as could be determined, and because the proposed technique is known to be helpful for some

patients the medical appropriateness/necessity has been established and the request to overturn the utilization review non-certification is approved.