

<b>Case Number:</b>	CM15-0114306		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 27-year-old female, who sustained an industrial injury on 3/11/15. The injured worker has complaints of she has developed significant emotional symptomatology and sleep disturbances due to her exposure to sexual harassment by her manager. The documentation noted that the injured worker reports complaints of sad, less energy, crying episodes, weight changes, pessimistic, sensitive/emotional, nervous, restless/agitated, apprehensive, sweating, sensations, excessive worry, sleep difficulties and headaches. The documentation noted that psychological testing revealed significant depressive and anxious symptoms. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood, stress-related physiological response affecting headaches. The request was for 16 hypnotherapy sessions, 1 times a week for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 hypnotherapy sessions, 1 times a week for 4 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Topic: Hypnosis March 2015 Update.

**Decision rationale:** 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. In addition, 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. Credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise should only use hypnosis. The total number of visits should be contained within the total number of psychotherapy visits. A request was made for 16 hypnotherapy sessions, one time a week for 4 months; the request was non-certified; the following summary of the UR rationale for its decision: "ODG guidelines call for hypnotherapy/relaxation training to occur within the confines of other psychotherapy. The provider noted that relaxation training was occurring within the group psychotherapy sessions. It was clarified that this request is for 16 sessions of group therapy and 16 sessions of the note therapy relaxation training. The treating provider reported that the patient is responding well in-group and seems to be less withdrawn. The group does address relaxation training as well as the hypnotherapy would have been an addition after group session. We discussed the use of hypnotherapy/relaxation as a part of psychotherapy per ODG guidelines and the need for beginning with 8 sessions to determine functional progress." This IMR will address a request to overturn the utilization review decision. The medical necessity the request for 16 hypnotherapy sessions one time per week for 4 months was not established by the provided documents. The request is inconsistent with official disability guidelines for the use of it of therapy. This patient has been diagnosed with the following psychiatric conditions: Adjustment Disorder with Mixed Anxiety and Depressed Mood; Stress-Related Physiological Response Affecting Headaches. The patient has not been diagnosed with post-traumatic stress disorder for which this treatment modality is indicated. The use of hypnotherapy for this patient is not indicated or supported by the official disability or MTUS/ACOEM guidelines. For these reasons, the medical necessity of this request is not established and therefore the utilization review determination for non-certification is not medically necessary.