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| Case Number: | CM15-0173779 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 09/04/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 58-year-old male who sustained an industrial injury on 9-4-12 to his head, neck and right shoulder when he was struck by a tractor shovel. He experienced headaches, neck pain, shoulder pain, seizures, impairment to his speech and balance. Diagnoses include sleep apnea; depression; anxiety. He currently (7-13-15) complains of persistent headaches, dizziness, and neck pain with tingling in the head and face, he is unsteady on his feet, has ringing in the ears and abdominal pain. He has sleep difficulties. He feels dependent on others to complete activities of daily living. His pain level, per 6-4-15, was 6 out of 10 with Botox and 8 out of 10 without. He exhibits bodily tension, appears anxious and is preoccupied with his physical and emotional symptoms. Per the 7-13-15 progress note, "he is in need of continued mental health intervention to manage his current symptoms of depression and anxiety". Treatments to date include group therapy which is helpful for understanding of depression, pain and for improving his mood; medications; Botox, gabapentin, Antivert, ibuprofen, Elavil, Topamax. In the progress note, dated 6-1-15 the treating provider's plan of care included a request for hypnotherapy 1 session per week to help manage stress and or levels of pain for 8 weeks. On 8-14-15 utilization review non-certified the request for outpatient hypnotherapy for eight weeks based on non-support of guidelines and unclear documentation as to why this treatment versus standard psychotherapies was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient hypnotherapy for eight visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Hypnosis.

Decision rationale: MTUS is silent on the topic of hypnosis ODG states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited." ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The injured worker suffered industrial trauma affecting head, neck and right shoulder, which resulted in chronic pain. He has also been diagnosed with Major Depressive Disorder, single episode, mild; Generalized Anxiety disorder, Cognitive disorder not otherwise specified. Per the guidelines quoted above, data to support the efficacy hypnosis for chronic low back pain are limited. The injured worker has participated in group therapy as well as medication treatment. There is no clinical indication for the need for hypnotherapy in this case. In addition, the request for Outpatient hypnotherapy for eight visits exceeds the guideline recommendations for an initial trial and thus is not medically necessary.