

Case Number:	CM15-0027284		
Date Assigned:	02/19/2015	Date of Injury:	03/02/2014
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/12/2015

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 42 year old who sustained an industrial injury on 03/02/2014. Diagnoses include depressive disorder, anxiety disorder, Insomnia related to anxiety disorder, stress-related physiological response affecting headaches, status post orthopedic injury and headaches. Treatment to date has included medications, diagnostics, and acupuncture. A physician progress note a dated 01/14/2015 document the injured worker has complains of left ankle, right arm, left leg and back pain, and depression and anxiety. Examination reveals depressed affect, memory difficulties, sweaty palms, preoccupation with physical symptoms, anxiety and sad mood. Treatment requested is for Medical hypnotherapy/relaxation 1x12, 12 sessions. On 01/28/2015 Utilization Review non-certified the request for Medical hypnotherapy/relaxation 1x12, 12 sessions and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment 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 1x12, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

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

Decision rationale: Citation The ACOEM discusses the use of relaxation therapy: 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 modified 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. 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. According to a note from the treating and requesting provider's office from February 12, 2015 UR appeal "we have attached the number of hypnotherapy sessions the injured worker has attended up to this date and the doctor's first report. We kindly request that IMR reviews the additional information provided. Also please be aware that the injured worker has not attended any hypnotherapy relaxation training sessions." A further note states: "patient has not attended any group psychotherapy or hypnotherapy relaxation training thus far 2/12/15." Psychological diagnoses include: Depressive Disorder Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified; Insomnia Related to Anxiety Disorder Not Otherwise Specified and Stress related Psychological Response Affecting Headaches. The utilization review for non-certification states that: "in this case, the claimant is authorized for a trial of group psychotherapy. It is appropriate for the claimant to attend this trial which can include simple relaxation techniques. Additionally, hypnotherapy is recommended for posttraumatic stress disorder, which is not the claimants diagnosis. The medical necessity of hypnotherapy/relaxation in addition to the authorized psychotherapy treatment is not established."Decision: All of the medical records provided for this review were carefully considered. As best as could be determined the patient has not in fact receive any prior psychological treatment for this industrial related injury. Psychological treatment appears to be indicated and an authorization has been provided for an initial course of 4 sessions of group cognitive behavioral therapy (CBT). According to the MTUS guidelines an initial course of treatment should consist of 3 to 4 sessions in order to determine if the patient responds with benefit and objective functional improvement. Additional sessions may be authorized subsequent to the initial treatment trial. This request is for 12 sessions. The medical necessity of this request has not been established by the documentation provided. It is not clear that a separate session of relaxation therapy/hypnotherapy is medically indicated in addition to the authorized cognitive

behavioral therapy treatment. Typically, relaxation therapy is a very important part of cognitive behavioral therapy treatment helping the patient to respond to moments of severe pain with an autonomic response of relaxation. The sessions are normally provided within the context of the cognitive behavioral therapy. There are some indications where it might be necessary and provided separately to CBT on individual basis (e.g., severe PTSD) but in this case the requested should be included in the CBT treatment and is therefore redundant. As noted in the official disability guidelines hypnosis chapter discussion of session quantity "The total number of visits should be contained within the total number of psychotherapy visits." Because the request is redundant, the medical necessity is not established and therefore the utilization review determination for non-certification is upheld.