

<b>Case Number:</b>	CM15-0076358		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 56 year old male, who sustained an industrial injury on 9/24/04. He reported complaints of cumulative trauma. The injured worker was diagnosed as having major depressive disorder, single episode, mild; generalized anxiety disorder. Treatment to date has included psychological therapy; medications. Currently, the PR-2 notes dated 1/15/15 indicated the injured worker complains of pain in neck, left shoulder, left elbow, back of legs and tingling and numbness sensation in both hands. He has difficulties sleeping, making decisions, communicating, and controlling emotions and impulses. He is socially isolated and weight has decreased by 10 pounds. His mood is sad, anxious; notes body tension, nervousness and over-talking about physical symptoms and levels of pain. The Utilization Review record notes on 1/23/15, four group therapy and four hypnotherapy/relaxation sessions were authorized. The provider is requesting additional Hypnotherapy/relaxation training one time per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/relaxation training one time per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG: Mental Illness and Stress Chapter: topic Hypnosis.

**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. 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. Also, 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. Decision: The provided medical records do not establish the medical necessity of the requested treatment. The total quantity of sessions at the patient has received to date is unknown and could not be found in the provided medical records. Is unclear how long he's been in treatment and how many sessions he is already received of this treatment modality. In addition, although several treatment progress notes were found, they appear to discuss the patient's cognitive behavioral therapy without mentioning his treatment using this modality. It is unclear whether or not the patient has received any prior sessions of hypnotherapy/relaxation training and if so what was the outcome. There's no objectively measured functional indices of change provided that reflected treatment benefit. The provided treatment progress notes (2 or 3 were found) mention patient improving as a result of treatment but there is no quantitative measurement before and after treatment to demonstrate this nor is there any specific details about when progress had occurred was in response to the cognitive behavioral treatment program that he's receiving or was it involved with this hypnosis component. Furthermore, it is unclear whether or not the patient is being trained to use relaxation training independently. In the absence of unknown prior treatment sessions and quantity/duration as well as unknown outcome of prior treatment sessions the medical necessity of the request was not established and therefore the utilization review determination is upheld. The request is not medically necessary.