

Case Number:	CM15-0091273		
Date Assigned:	05/15/2015	Date of Injury:	06/14/2013
Decision Date:	06/25/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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 44-year-old male, who sustained an industrial injury on June 14, 2013, incurred back and right leg injuries while lifting heavy items. He was diagnosed with lower back pain. He also developed a ruptured hernia. Treatment included chiropractic sessions, epidural steroid injection acupuncture, physical therapy, antidepressants and pain management. Currently, the injured worker complained of chronic pain and due to pain and financial difficulties from losing his job developed depression, anxiety, insomnia and stress. The treatment plan that was requested for authorization included medical hypnotherapy and relaxation training.

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 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Hypnosis, Pain Psychological Treatment, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. 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. 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. 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 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. Decision: A request was made for "Medical Hypnotherapy/Relaxation Training 1x8 weeks; the request was non-certified by utilization review with the following rationale provided: There was no evidence that the patient was diagnosed with PTSD and indication of dissociation and nightmares to warrant hypnosis. Given the above information, the request is not supported by the guidelines." This IMR will address a request to overturn the utilization review non-certification determination. The provided medical records indicate that the patient has been assessed from a psychological perspective and has a diagnosis of the following: Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia Related to Generalized Anxiety Disorder and Chronic Pain; Stress-Related Physiological Response Affecting High Blood Pressure and Headache. 8 sessions of hypnotherapy/relaxation training is noted by the requesting treatment provider to be necessary to "increase patient's ability to use appropriate pain control methods to manage levels of pain; improve patients duration and quality of sleep; decrease frequency and intensity of patients anxiety symptoms." It is noted in a letter from the providing and requesting psychologist from May 12, 2015 that the patient has not received any prior treatment of relaxation training/hypnotherapy. With regards to this case, the medical necessity of hypnosis is not established for this patient is or is not sufficient evidence of the patient suffering from post-traumatic stress disorder. While relaxation training can be a very important and useful component of a cognitive behavioral therapy session, it is routinely contained within the cognitive behavioral therapy session itself and not as a separate treatment modality. For these reasons, the medical necessity of the requested intervention is not established and therefore the utilization review determination for non-certification is upheld.