

Case Number:	CM13-0050268		
Date Assigned:	12/27/2013	Date of Injury:	11/21/2006
Decision Date:	09/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records are provided for this independent review, this patient is a 41-year-old male who reported an industrial accident on November 21, 2005. On the date of his injury he was climbing a ladder with a heavy bucket when the ladder unexpectedly shortened and began to slip off of the wall. His right angle became caught between the ladder's rungs, he dropped the bucket and landed on his back. He felt immediate pain in his right leg and ankle.. He has been diagnosed with lumbar sprain/strain syndrome, failed back surgery syndrome, lumbar bilateral radiculopathy secondary to failed back surgery, cervical radiculopathy. He is status post lumbar spinal cord stimulator trial that was unsuccessful and has a history of gastric ulcers. Psychologically he has been diagnosed with: Major Depressive Disorder, Single Episode, Severe with Psychotic Features; Male Hypoactive Sexual Desire Disorder Due To Chronic Pain; Insomnia Related to Generalized Anxiety Disorder and Chronic Pain; and Stress Related Is Physiological Response Affecting General Medical Condition, Gastrointestinal Disturbance and Headache. He had a prior course of psychotherapy in 2008. And started another course of psychological treatment in late 2013, date unknown. This treatment course included biofeedback and group medical psychotherapy as well as hypnotherapy/relaxation training. He is anxious, depressed, worried, restless, has sleeping problems, low self-esteem, and feels helpless and hopeless with suicidal ideation and occasionally hearing voices telling him to injure himself but none in the past year. A report from October 2013 states the patient has undergone surgeries, as well as physical therapy and psychological counseling without resolution in his chronic symptoms. That he remains depressed and anxious. He has been participating in group medical psychotherapy unknown quantity and duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 PAIN, HYPNOSIS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis, June 2014 Update.

Decision rationale: It is not possible to overturn the non-certification utilization review decision and authorize this treatment request for the following reason: the number of sessions being requested of this treatment modality is unspecified. This request as it was received stated "Medical hypnotherapy." There was no quantity of sessions mentioned. The independent medical review process, unlike the utilization review process, is unable to make a modification of any requests. The request is either approved or not approved on an all-or-none basis. All treatment requests for psychological care must include a specific quantity, if not approving it would be equivalent of approving unlimited sessions in perpetuity until the case is closed. Because of this reason alone this request cannot be approved. In addition, the total number of prior sessions that the patient has had of this treatment modality to date was not provided. According to the official disability guidelines (ODG) chapter on mental illness and stress, hypnosis is recommended in the treatment of PTSD and that the total number of sessions that can be provided is the same as the total number of psychotherapy sessions. Hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive behavioral or other therapies and has been shown to enhance the significantly their efficacy for a variety of clinical conditions. This would state that he should have up to 13 to 20 visits maximum if progress is being made. There is one indication that the patient has been attending psychotherapy for approximately two years. But it is unclear whether or not this included hypnotic therapy. Because there is no indication of how many sessions he is had it is impossible to determine whether not he has exceeded this guideline. There are no treatment notes that discuss how the patient has benefited from prior treatment sessions of this treatment modality specifically. As the patient is also engaged in cognitive behavioral therapy there are notes from that treatment modality but none specifically for this one that indicate exactly what was done and the result and whether or not there was objective functional improvement. Furthermore as suggested in the ODG guidelines this is a treatment modality it is recommended for patients with PTSD. There is no indication that the patient has this diagnosis. Therefore due lack of specification of the quantity of sessions being requested, and insufficient documentation of the patient's response to prior sessions, is not having the correct diagnosis for this treatment modality, and that he is likely already exceeded the maximum treatment sessions allowed, the medical necessity of this request is not supported and the decision of this IMR is that the request is not approved.