

Case Number:	CM14-0173124		
Date Assigned:	10/23/2014	Date of Injury:	10/14/2005
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 a licensed Psychologist, 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 provided for this IMR, this patient is a 53 year-old male who reported an industrial injury October 14, 2005 during the course of his employment for [REDACTED]. There was no mention of the mechanism of injury in the medical records provided. This IMR will address the patient's psychological symptoms as they pertain to the current request. According to a PR-2 the patient reports persistent pain to his knees and states that he is under a lot of stress; that he is not seen his psychologist for two years and feels that depressive symptoms have gotten worse and he requested to be seen. Medically, he is diagnosed with status post bilateral knee arthroscopic with chondroplasty. A handwritten note from his psychiatrist from August 2014 was illegible other than the following diagnoses: Major Depressive Disorder, Mild; Generalized Anxiety Disorder; and Insomnia. Psychological testing from August 2014 revealed anxiety and depression. He is also been diagnosed with: Mood Disorder secondary to a General Medical Condition (lower back pain and bilateral knee pain) -industrial related. A request was made for medical hypnotherapy (unspecified quantity), the request was non-certified. The utilization review decision was stated as: "(this) is considered a valid form of treatment for post-traumatic stress disorder. However, there is no objective data in these records to suggest this patient has a diagnosis of PTSD. While there is evidence of major depression, the current choice of treatment modalities is not supported by the evidence based guidelines as an effective way to manage the current conditions." This IRM will address a request to overturn the non-certification.

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 Official Disability Guidelines (ODG), Mental Illness and Stress chapter

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 October 2014 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). Hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. The ODG also mentioned hypnosis 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 regarding this request for an unspecified number of sessions of medical hypnotherapy, there was no rationale stated for the request. There was no discussion of why this particular intervention was being requested for this particular patient. There were neither stated treatment goals nor anticipated dates of accomplishment. There is no explanation on why medical hypnosis is being requested over and above or in addition to cognitive behavioral therapy or standard psychotherapy. The medical records reflect evidence of depression and anxiety, but no discussion of why medical hypnosis would be the appropriate treatment for him. Hypnosis is described as being recommended is a procedure for patients with PTSD. There is no indication that this patient has PTSD. A number of sessions requested were unspecified; a specific quantity of sessions is always needed in order to determine whether or not the request falls within stated guidelines. The documentation provided for this IMR does not support the authorization of unlimited sessions of medical hypnotherapy for depression or anxiety. No information was provided with regards to prior treatments that the patient has already had. It does appear that the patient is already been treated by the requesting provider but there was no indication for how long and whether or not he had sessions of medical hypnotherapy provided to him at that time and if so what the outcome was and how many sessions were offered. It does appear the patient has been authorized to have four sessions of cognitive behavioral therapy recently however there were no records from those sessions suggesting with the outcome in terms of patient improvement was if they were provided or not is also unclear. Because the medical necessity is not been established for this procedure, the original utilization review determination is upheld.