

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a married Hispanic male who was born in Mexico. He speaks Spanish only. There is no history of mental or physical disorder prior to the injury. The patient sustained the work related injury to his lumbar spine and right knee on. He was loading sheetrock of 120 (possibly 160) lbs. onto a truck with a coworker when he began to experience pain in his lower back and numbness on his right leg. The patient was sent to the company doctor. He was given a medication and told to return to work next day with restrictions. However, the patient was able to work only two hours next day due to pain. Subsequently the patient was seen by several care providers and was treated with muscle relaxants and analgesics. At some point, physical therapy (10 sessions) were requested but denied by the carrier. Later, physical medicine treatments were offered but the patient was not allowed to keep the appointments. Eventually the patient underwent 7 sessions of physical therapy. The diagnostic studies included MRI which demonstrated the pathology consistent both with the mechanism of injury and pattern of pain and EMG studies. The surgical consultation was requested by the treating physician, and the surgery was recommended by the consultant. The patient's medical pathologies include displacement of intervertebral disc and lumbosacral neuritis. The patient was assessed and diagnosed with Major Depression. At the time of examination he reported suicidal ideations without a plan. He had difficulties with anhedonia, decreased sleep and appetite, interpersonal relationship problems, and had quite visible psychomotor retardation. His Beck's Depression Inventory score was 33 (severe) and Beck's Anxiety Inventory score was 32. At that point the patient's medications included Celebrex 200mg orally 3 times daily and Lortab 5mg orally 3 times daily. Steroid injections were scheduled. He was also started on Zoloft 25mg orally daily for 3 days with a plan to subsequently increase the dose to twice daily. Individual psychotherapy with hypnotherapy once a week for 8 weeks was requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

THE PATIENT IS A MONOLINGUAL SPANISH SPEAKER OF LIMITED EDUCATION AND LITERACY WHICH LIMITS HIS EMPLOYABILITY IN THIS COUNTRY ESSENTIALLY TO PHYSICAL LABOR. BECAUSE OF THAT, THE PHYSICAL INJURY MIGHT HAVE BEEN PERCEIVED BY THE PATIENT AS DETRIMENTAL FOR HIS PROSPECTIVE FOR EMPLOYMENT AND ABILITY TO SUPPORT HIMSELF AND HIS FAMILY. HIS ABILITY TO COMMUNICATE WITH HEALTH CARE PROVIDERS WAS LIMITED DUE TO LANGUAGE BARRIER. THESE FACTORS APPARENTLY LED TO SIGNIFICANT DISTRESS AND CONTRIBUTED TO DEVELOPMENT OF DEPRESSION. THERE ARE TWO LETTERS OF REJECTION ON FILE, FROM 1/15/07 AND 2/23/07, BOTH BY THE SAME REVIEWER. THE FIRST LETTER IS FOCUSED MAINLY ON ATTEMPT TO INVALIDATE THE PATIENT'S DIAGNOSIS AND DENY THE UTILITY OF HYPNOSIS FOR TREATMENT OF PAIN. HOWEVER, THE RECORDS CLEARLY INDICATE THAT THE INDIVIDUAL PRESENTED

WITH THE SET OF SYMPTOMS FULLY SATISFYING THE DSM CRITERIA FOR MAJOR DEPRESSION AND WITH CORRESPONDING SCORES OF DBI AND BAI. IT IS A WELL ESTABLISHED FACT THAT ANTIDEPRESSANTS IN COMBINATION WITH PSYCHOTHERAPY ARE MORE EFFECTIVE THAN EITHER OF THEM ALONE. AS FAR AS THE UTILITY OF HYPNOTHERAPY FOR THE TREATMENT FOR PAIN IS CONCERNED, THERE IS PLENTY OF RESEARCH DATA IN FAVOR OF USING HYPNOSIS. ERNEST HILGARD (1977) AND COWORKERS IN EXTENSIVE INVESTIGATIONS DEMONSTRATED THAT VARIOUS TYPES OF PAIN CAN BE REDUCED BY HYPNOTICALLY INDUCED ANALGESIA. BARABASZ AND BARABASZ (1989) DEMONSTRATED PAIN REDUCTION WITH UTILIZATION OF HYPNOTIC TECHNIQUES. MARIE-CLAIRE GAY ET AL (2002) IN CONTROLLED STUDIES SHOWED THAT HYPNOSIS AND RELAXATION ARE EFFECTIVE IN REDUCING THE AMOUNT OF ANALGESIC MEDICATIONS TAKEN BY PARTICIPANTS WITH OSTEOARTHRITIC PAIN. MILLING AND MENUNIER (2003) POINTED OUT THAT META-ANALYSES HAD SHOWN THAT ADDING HYPNOSIS ENHANCES THE EFFECTIVENESS OF COGNITIVE-BEHAVIORAL PSYCHOTHERAPY.

LANGFIELD AND CIPANI (2002) DEMONSTRATED THAT PATIENTS WITH HIV RELATED PAIN BENEFITED FROM A HYPNOSIS-BASED PAIN MANAGEMENT APPROACH.

PETER WHORWELL (2006) DEMONSTRATED THAT HYPNOTHERAPY CAN ALLEVIATE DEBILITATING AND DIFFICULT TO TREAT NON-CARDIAC PAIN. HE POINTED THAT, WITH HYPNOTHERAPY, "...SIGNIFICANT SAVINGS ARE LIKELY BECAUSE OF HIGH COST OF CONTINUED MEDICAL CONSULTATIONS, MEDICATIONS, AND REPEATED CLINICAL STUDIES."

THE SECOND LETTER OF REJECTION STATES THAT THE REQUESTED TREATMENT COULD REINFORCE FACTORS THAT PROMOTE CHRONIC PAIN STATE. HOWEVER, IT IS UNTREATED DEPRESSION THAT MOST LIKELY WILL PERPETUATE THE CHRONIC PAIN STATE. THE PATIENT WAS DENIED ONCE A RELEVANT INTERVENTION – PHYSICAL THERAPY. IF HE HAD RECEIVED IT EARLY IN THE COURSE OF HIS ILLNESS IT IS POSSIBLE HE WOULD NOT HAVE TO BE TREATED FOR DEPRESSION NOW. WITHHOLDING A NECESSARY TREATMENT IS UNETHICAL AND CONTRADICTS THE STANDARD OF CARE. NEITHER IS IT COST EFFECTIVE.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
 - * HILGARD, E. (1977) DIVIDED CONSCIOUSNESS: MULTIPLE CONTROLS IN HUMAN THOUGHTS AND ACTIONS. NY:JOHN WILEY, 1977.
 - * BARABASZ, A.I., BARABASZ, M. (1989) EFFECTS OF RESTRICTED ENVIRONMENTAL STIMULATION: ENHANCEMENT OF HYPNOZABILITY FOR EXPERIMENTAL AND CHRONIC PAIN

CONTROL. INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 37, 217-231.

*** GAY, M-C., PHILIPPOT, P., LUMINET, OLIVER. DIFFERENTIAL EFFECTIVENESS OF PSYCHOLOGICAL INTERVENTION FOR OSTEOARTHRITIC PAIN. EUROPEAN JOURNAL OF PAIN: EJP 6(1):1-16, 2002**

*** LANGFIELD MC, CIPANI E. HYPNOSIS IN CONTROL OF HIV RELATED PAIN. INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS. 50(2):170-88, 2002 APR.**

*** MILLING, LS, LEVINE MR. HYPNOTIC ENHANCEMENT OF COGNITIVE-BEHAVIORAL INTERVENTIONS FOR PAIN. HEALTH PSYCHOLOGY. 22(4):406-13, 2003 JUL.**

*** WHORWELL, P. (2006) TREATMENT OF NON-CARDIAC CHEST PAIN: A CONTROLLED TRIAL OF HYPNOTHERAPY, GAT, 2006, DOI.10.1136/GUT.2005.086694.**

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)