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| <b>Case Number:</b>   | CM13-0025702 |                              |            |
| <b>Date Assigned:</b> | 03/14/2014   | <b>Date of Injury:</b>       | 08/19/2008 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2013 |

### 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 Board Certified in Psychiatry and Neurology 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:

63 y/o male with date of injury 6/19/2008. Date of UR decision was 9/10/2013. Request for authorization dated 10/03/2013, lists diagnoses of major depressive ds, single; generalized anxiety ds; male hypoactive sexual desire; sleep ds due to chronic pain. Psychological report from 08/12/2013 states subjective complaints of "reports improvement of mood with relaxation exercises and behavioral interventions, feels irritable mood and anxious" Objective findings "improved mood, anxious, sad". Progress report from 10/5/13 listed the subjective complaints as "felt better with meds". Objective finding "anxiety, depression" Most of the note is illegible, thus hard to gather complete information. He is on trazodone 100 mg qhs and one more medication for depression which is illegible. Submitted documentation suggests that the injured worker has attended 6 sessions of group therapy since 7/03/13. Reviewed documentation does not suggest any evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYPNOTHERAPY (6 SESSIONS): 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), HYPNOSIS, MENTAL & STRESS, CRITERIA FOR THE USE OF HYPNOSIS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HYPNOSIS, MENTAL & STRESS

**Decision rationale:** ODG Stress and Mental illness section states "Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. (VA/DoD, 2004) (Brom, 1989) (Sherman, 1998) In a study testing the effect of hypnosis on irritable bowel syndrome (IBS), it was found that the hypnosis was effective in reducing psychological distress and as a result, the IBS symptoms improved substantially, despite there being no measured physiological change. More testing should be done to measure the effect of hypnosis on stress reduction, with or without physical ailment, as preliminary results are positive." Per documentation, it appears that the injured worker doesn't have a diagnosis of PTSD which is the only indication for its use per ODG guidelines. Medical necessity for 6 sessions of hypnotherapy cannot be affirmed.

**BIOFEEDBACK (6 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BIOFEEDBACK Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON BIOFEEDBACK Page(s): 24.

**Decision rationale:** MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The injured worker has been receiving therapy focusing on behavioral interventions. Medical necessity for biofeedback 6 sessions cannot be affirmed.

**GROUP PSYCHOTHERAPY (6 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** Behavioral interventions Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for

chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) The injured worker has received 6 sessions of group psychotherapy per submitted documentation. There is no evidence of objective functional improvement. Request for 6 additional sessions of group psychotherapy is excessive and medical necessity cannot be affirmed.

#### **PHARMACOLOGICAL MANAGEMENT (1 SESSION): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 7, PAGE 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** According to CA MTUS Guidelines" Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The progress report from 10/05/2013 is handwritten and mostly illegible. Unsure as to which medications the injured worker is prescribed. Additional information is required to affirm medical necessity. Please provide the current medications, goal of treatment, length of time the medication is intended to be continued and when the treatment can be handed back to the primary provider. Medical necessity for one session of pharmacological management cannot be affirmed in absence of this information.