

<b>Case Number:</b>	CM14-0170037		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	11/26/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 licensed in Psychologist and is licensed to practice in Utah. 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:

This is a 63-year-old female with an 11/26/08 date of injury; the mechanism of the injury was not described. The progress note dated 3/27/14 indicated that the patient has had ongoing psychotherapy treatment for many years and that she did not have a great improvement in spite of those therapeutic efforts. The patient was seen on 7/25/14 with complaints of feeling nervous, anxious, tense, emotional and sad. The patient expressed worries about the future and lack of energy and motivation. Exam findings revealed the patient feeling sad, emotional and tense. The patient was apprehensive and anxious and was preoccupied about her physical condition in the future. The telephone conversation placed on 9/9/14 with the requesting physician's assistant indicated that the patient was better with treatment with less social isolation and she was able to manage her anxiety with breathing exercises. The patient was not seen since 7/14 and that the patient's anxiety and pain decreased with CBT and hypnotherapy. The diagnosis is depressive disorder, generalized anxiety disorder, female hypoactive sexual desire disorder and anxiety. Treatment to date: work restrictions, psychotherapy, hypnotherapy, relaxation technics and medications. An adverse determination was received on 9/10/14. The request for Individual Psychotherapy, Cognitive Behavioral Individual psychotherapy, one session per week for six weeks was modified to two visits over six weeks given that is was consistent with the treatment guidelines. The request for Medical hypnotherapy/relaxation training, one session per week for six weeks was modified to two visits over six weeks given that the hypnotherapy sessions should be contained with the number psychotherapy visits and that it was consistent with the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy, Cognitive Behavioral Individual psychotherapy, one session per week for six weeks:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However the progress notes indicated that the patient has had ongoing psychotherapy treatment for many years and that she did not have a great improvement in spite of those therapeutic efforts. In addition, the UR decision dated 9/10/14 modified the request for Individual Psychotherapy, Cognitive Behavioral Individual psychotherapy, one session per week for six weeks to two visits over six weeks. Lastly, the total number of individual psychotherapy was not provided for the review. Therefore, the request for Individual Psychotherapy, Cognitive Behavioral Individual psychotherapy, one session per week for six weeks was not medically necessary.

**Medical hypnotherapy/relaxation training, one session per week for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Health Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hypnosis

**Decision rationale:** CA MTUS does not address this issue. ODG states that hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. The telephone conversation placed on 9/9/14 with the requesting physician's assistant indicated that the patient's anxiety and pain decreased with hypnotherapy/relaxation training. However, it is not clear how many sessions of the treatment the patient accomplished. In addition, the UR decision dated 9/10/14 modified the request for Medical hypnotherapy/relaxation training, one session per week for six weeks to two visits over six weeks. Therefore, the request for Medical hypnotherapy/relaxation training, one session per week for six weeks was not medically necessary.

