

<b>Case Number:</b>	CM14-0185048		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 58 year-old female with a date of injury of March 29, 2011. The patient's industrially related diagnoses include right shoulder derangement, lumbar herniated disc with sciatica, bilateral knee internal derangement, major depressive disorder, generalized anxiety disorder, female hypoactive sexual desire disorder, and insomnia. The disputed issues are medical hypnotherapy/relaxation training 1 session per week for 6 weeks, group medical psychotherapy 1 session per week for 6 weeks, and office visit x 1. A utilization review determination on 10/23/2014 had non-certified these requests. The stated rationale for the denial of psychotherapy was: "In this case, the documentation submitted for review is limited regarding the number of prior psychotherapy sessions. The claimant has been receiving psychotherapy treatment for at least 2 months and there is limited evidence of a plan of care that has an endpoint and/or transition to independence." The stated rationale for the denial of hypnotherapy/relaxation was: "In this case, the documentation submitted for review is limited regarding the number of prior relaxation training/hypnotherapy sessions and specific objective functional improvements as a result of prior treatment sessions. Additionally, evidence-based medicine literature does not support hypnosis for the claimant's diagnoses." Lastly, the stated rationale for the denial of the office visit was: "In this case the claimant has not been authorized for additional psychological treatment therefore the medical necessity of an office visit for follow up is not established."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy/relaxation training 1 session per week for 6 weeks: 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) Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain, page 23

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

**Decision rationale:** Regarding the request for medical hypnotherapy/relaxation training, the Official Disability Guidelines states the following regarding hypnosis: "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 have been successfully used." Within the documentation available for review, it appears the injured worker has undergone previous group medical psychotherapy sessions since at least 5/7/2014 and the psychologists documented that injured worker appeared responsive to treatment stating that the injured worker reported improved mood and ability to use breathing exercises to manage levels of anxiety. However, the guidelines only recommended hypnotherapy for the diagnosis of PTSD and the injured worker was not diagnosed with PTSD. In light of these issues, the currently requested medical hypnotherapy/relaxation training 1 session per week for 6 weeks is not medically necessary at this time.

**Group medical psychotherapy 1 session per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain, page 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress Chapter, Group Therapy, Psychotherapy

**Decision rationale:** Regarding the request for additional group medical psychotherapy, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 6 psychotherapy visits over 6 weeks may be indicated. With evidence of objective functional improvement, a total of up to 13-20 visits over 13 to 20 weeks may be required for individual sessions. Group sessions are recommended as an option for patients with Post-traumatic stress disorder (PTSD). Within the documentation available for review, it appears the injured worker has undergone previous group medical psychotherapy sessions since at least 5/7/2014. It is unclear how sessions the injured worker has had in total but she started over 20 weeks ago. In the progress report dated 10/10/2014, the psychologists documented that the

injured worker appeared responsive to treatment stating that she reported improved mood and ability to use breathing exercises to manage levels of anxiety. However, there was no documentation of objective functional improvement in the psychological progress notes or the treating physician's progress notes as a result of the sessions already authorized. In the absence of clarity regarding these issues, the currently requested group medical psychotherapy 1 session per week for 6 weeks is not medically necessary.

**Office visit x 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress Chapter, Office Visits.

**Decision rationale:** Regarding the request for medical office visit, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Official Disability Guidelines state office visits to medical doctors 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. Within the documentation available for review, the psychologist referred the injured worker to the psychiatrist for psychiatric treatment. In the progress report dated 10/10/2014, the psychologist documented positive subjective and objective psychological symptoms of depression and anxiety and although the injured worker was responding to treatment, there was still a need of continued mental health interventions for patient's symptoms. Guidelines recommend psychiatrist evaluation when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Therefore, based on current documentation and guidelines, the request for office visit x1 with the psychiatrist is medically necessary.