

<b>Case Number:</b>	CM14-0039442		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Psychology and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 09/08/2008, due to a motor vehicle accident. The injured worker is diagnosed with major depressive disorder recurrent mild, post-traumatic stress disorder chronic, male hypoactive sexual desire disorder due to chronic pain, breathing related sleep disorder/sleep apnea, stress related physiological response affecting general medical conditions, headaches and hypertension. The injured worker, following his industrial accident, received physical therapy and acupuncture for 6 months. The physician noted that he received 12 psychiatric sessions which included relaxation techniques, breathing therapy and hypnotherapy. Upon global assessment of functioning, the injured worker scored 59, for whole person impairment, he scored 17. On Beck Anxiety Inventory test, the injured worker scored 13, which is indicative of mild symptoms of anxiety. On Beck Depression Inventory II test, he had a score of 34 suggested that the injured worker is reporting severe symptoms of depression. The Raven's Progressive Matrices test showed a score of 22, which places the injured worker on the 15th percentile relative to people his age. On the House-Tree-Person test, the injured worker produced simple drawings which were direct signs of anxiety, poor self-image and a tendency to be socially withdrawn. On 01/13/2014 he reported feeling anxious and tense. He appears irritable and angry. He lacks energy and motivation and has difficulty remembering things, as well as concentrating. He experienced persistent pain and headaches and tends to socially isolate and has difficulty sleeping. The injured worker reported some improvement of his sleep with medication. He indicated that he felt helpless and frustrated because he was not able to engage in his usual activities. The physician notes he has made some progress towards current treatment goals, as evidenced by some improvement of his sleep. The physician's treatment plan notes the injured worker would decrease frequency and intensity of depressive symptoms, as well as his levels of anger and irritability. He will work to improve duration and

quality of sleep and decrease frequency and intensity of anxious symptoms. The physician indicated that he would seek medical psychotherapy and relaxation training 2 times a month for 1 year, as well as hypnotherapy 2 times a month for 1 year; the rationale was to meet treatment goals. A request for authorization form was signed on 11/02/2013 and made available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Group Medical Psychotherapy (Two Times Per Month For One Year): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines Official Disability Guidelines (ODG) Integrated Treatment / Disability Duration Guidelines Official Disability Guidelines (ODG) Psychotherapy Guidelines.

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

**Decision rationale:** The California MTUS Guidelines for behavior interventions recommends psychotherapy as the identification and reinforcement of coping skills as being often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines note that physicians should screen for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. An initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended; with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions is authorized. The injured worker continues to demonstrate a lack of functional improvement. He has received a total of 12 sessions reported by the physician and objective functional improvement is not documented. The request for additional sessions is not medically necessary.

#### **Medical Hypnotherapy/Relaxation Training (Two Times Per Month For One Year): 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) Hypnotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Mental Health and Illness, Hypnosis, PTSD psychotherapy.

**Decision rationale:** The Official Disability Guidelines state that hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder. Hypnosis may be used to alleviate post-traumatic stress disorder symptoms, such

as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Hypnosis should only be used by credentialed care professionals, who are properly trained in the clinical use of hypnosis and are working within the areas of their professional expertise. Guidelines allow for up to 13 to 20 visits over 7 to 20 weeks of individual sessions if progress is being made. In severe cases of major depression or post-traumatic stress disorder, up to 50 sessions if progress is being made. The injured worker has been suffering from this condition since his industry related accident in 2008. Progress has been noted with pain medication and 12 psychotherapy sessions with hypnosis documented by the physician. The injured worker still maintains the same level of anxiety and depression related to post-traumatic stress disorder and clear objective progress has not been documented. The request is not medically necessary.