

<b>Case Number:</b>	CM14-0063144		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 clinical psychology 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:

According to the medical records, this IW is a 41-year-old male who reported a continuous trauma injury on June 18, 2013 related to the course of his employment with [REDACTED]. The patient reports that at the time of his injury he was transferred from a distribution site to a retail store location and given higher expectations on the job. He believes that the problems began when he spoke out about the job stating that the staff of five people has been given work for 18 and subsequently was feeling threatened and harassed, anxious and panicked. This increased further when he reportedly told they were out to fire him which resulted significant anxiety. Reported psychological symptoms include: feelings of depression with thoughts of hopelessness and helplessness, poor sleep decreased ability to enjoy pleasurable activities poor energy, more agitation, feeling like he didn't want to live and thoughts of driving his car off a bridge (w/o plan or intention), feelings of compulsivity of checking things multiple times and fearful hyper vigilance when his near a [REDACTED]. The most recent progress (PR-2) from September 2014 states the patient met with the psychiatrist for evaluation and to address his primary complaint of sleep difficulty. The progress note further states that: although he has been attending therapy consistently, and has been provided the therapeutic strategies to manage and improve his symptoms, and continues to complain of a severe disability rating of anxiety and depression levels that were "not consistent with his clinical presentation, his affect in clinical presentation appeared visibly improved." The patient reportedly traveled to [REDACTED] two times in 2014. Reflect that he was affect and mood is not consistent with his report of severe depression. He has been diagnosed with the following: Major Depressive Disorder, Single Episode, Moderate (also described by one provider as in partial remission); Panic Disorder without Agoraphobia. It was noted that he participated in six additional sessions of cognitive behavioral therapy and that the topics of therapy was anxiety and sleep impairment but also to

prepare him to will return to work. He was instructed to increase to engage in exposure therapy by gradually increasing his exposure to feared stimuli. Additional therapy was requested to help them transition and provide therapeutic support as he returns to work with an expected release to work date of October 2014. It is noted that he was seeing a licensed clinical social worker and a Clinical Psychologist but no cumulative description of total treatment sessions was provided. A progress note from July 2014 indicates that his Beck Depression and Beck Anxiety Inventory's both remained in the severe range over despite ongoing treatment. Treatment progress was described as "improvement ability to place into practice therapeutic interventions discussed during therapy... but there is continued need for improvement on self-doubt, pessimism, anxiety, and sleep problems." There is a note that he would benefit from psychiatric treatment and evaluation. Seven sessions were indicated to be held in May and June. It appears that he started the most recent course of treatment in February 2014 with weekly one-hour individual sessions, but before that was seeing a different Worker's Compensation based psychologist since November 2013. According to the UR determination, the patient has received four sessions of hypnotherapy with no documentation of objective functional improvement from the sessions and also had received nine sessions of group therapy prior to the March 7, 2014 determination and an additional six psychotherapy sessions were certified at that time without documentation of objective improvement provided. Requested treatment was for 12 weekly sessions of CBT and hypnotherapy/relaxation training. The request was not approved and this IRM will address a request from the provider to overturn that decision.

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

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

**Group Psychotherapy once a week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy; psychological treatment, Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment: an initial 4 to 6 session trial and then up to 13-20 visits over 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to this patient, the total number of sessions and duration of his prior treatment was not

provided. However, it appears that psychological counseling and treatment started in late 2013 and continued throughout much of the current year 2014. There was a prior course of therapy from 2011 related to a different industrial incident. The recommended session guidelines of 13-20 visits have been already provided, and the request for an additional 12 sessions will further exceed the recommended quantity. Although some patients with severe/extreme symptomology are possibly eligible for additional sessions up to 50 this patient symptomology does not meet the criteria. The most recent progress note indicates that the patient presents in a manner that is inconsistent and indicates that he is able to return to work with graduated exposure to the work place setting and that if additional sessions were required they could be done in a less intensive manner than 12 weekly treatment sessions. The requested treatment exceeds recommended guidelines and was not found to be medically necessary.

**Hypnotherapy/Relaxation Training once a week for 12 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), hypnosis

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

**Decision rationale:** The MTUS guidelines are non-specific with respect to the use of hypnosis. However, the official disability guidelines do states that it is recommended as an option. 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. Session quantity: Number of visits should be contained within the total number of psychotherapy visits. With respect to this patient, the request for 12 sessions of hypnotherapy/relaxation training once a week is not medically necessary. As mentioned in the above discussion of group psychotherapy, the quantity requested exceeds recommended guidelines and prior treatment sessions of relaxation therapy/hypnotherapy have not been adequately documented in the medical records. There was no discussion regarding the patient's specific response to these treatment interventions with respect to of how deep a state of relaxation was achieved, in any, and if so to what degree did it sustain to his normal life, and whether home training has been initiated or is effective for the patient. There was no discussion of transitioning him to independent use of this modality and treatment goals were not specifically addressed for additional sessions with dates of expected completion. The request for 12 sessions of hypnotherapy/relaxation training does not conform with treatment guidelines and is not medically necessary.