

<b>Case Number:</b>	CM14-0082051		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 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 records that were provided for this independent review, this patient is a 41 female who reported an industrial/occupational work-related injury on April 29, 2011. At that time she was employed as a stocker for [REDACTED]. She reports neck and upper back pain as well as right wrist and hand pain. There is restricted range of motion in her shoulder. She is status post surgical right shoulder rotator cuff repair. Notes from December 2013 state that she is developing carpal tunnel syndrome, for which she was awaiting a surgery that probably has taken place by now. Psychologically, she has been diagnosed with Depressive disorder, NOS with anxiety, moderate severity; female Hypoactive sexual desire disorder; and sleep disorder-insomnia type. She has been participating in group psychotherapy and reports depression and frustration due to her pain condition, she reports daytime sleepiness, stress and headache, social withdrawal, diminished confidence, and poor motivation and energy. Treatment goals from November 2013 were listed as decreasing the frequency and intensity of depressive symptoms improving the quality and duration of sleep decreasing anxiety symptoms and developing and implementing appropriate stress management skills. Treatment progress to date was noted to be improved mood with medication and decreased frequency of crying spells that treatment. An update from from treatment in February of 2014 states that the patient has made progress towards the treatment goals has evidenced by improved mood and motivation with medication and group psychotherapy and that she states that she's been able to modify maladaptive believes that maintain symptoms to the treatment. A similar note from March of 2014 states that the patient's emotional condition is improving with her treatment and she is better able to manage stressors due to the techniques discussed and group therapy. In early March of 2014 she went to a local emergency room because of extreme pain. A comprehensive report from April 2014 states that the patient denies any improvement in her affective distress

which she rates at an intensity of 7/10. The report states she had been participating in psychological treatment since the time of an earlier report in February 2013 through April of 2014 but not on a weekly basis because she finds it too painful to drive to treatment. She reported that the group therapy sessions have been helpful as she has learned that she is not alone in coping with the orthopedic pain and uncertainty of her future and that she is not suffering as much as others. A request was made for group medical psychotherapy 1x per week for six weeks, and relaxation training/hypnotherapy 1x a week for 6 x weeks and both were non-certified. The rationale provided by utilization review for non-certification of both decisions was stated as being due to insufficient documentation of specific objective response to treatment, that there was sufficient subjective reports of improvement but little to no objective results. This independent review will address a request to overturn the non-certification decisions.

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

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

**Group Medical Psychotherapy 1 X a 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 : Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological treatment, page 101 Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic psychotherapy guidelines, June 2014 update.

**Decision rationale:** I have conducted a thorough and comprehensive review of all records as they were provided to me. I was unable to find anywhere a clear statement of exactly how many sessions this patient has had of group therapy to date this information is an essential when conducting an independent medical review trying to determine if more sessions are warranted based on the official disability guidelines which state that a patient who is making progress in treatment may have 13 to 20 sessions maximum. Because the total number of sessions that the patient has had to date was not provided I assume none based on my estimation that because she has been in treatment since February of 2013 that the same psychologist, although not weekly, she was likely has already exceeded the maximum number of sessions to date. Based on this decision alone or sessions cannot be authorized. The utilization review was correct in noticing that there was good documentation of subjective improvements that were provided, but there was virtually no documentation of a objective improvements measured and quantified. In fact, it appears based on the patient's self-report (as noted above) that there has been only minimal improvement over the past 15 months of treatment, but the improvements that she did mention were positive. It appears that she has been the maximum benefit from the treatment as she has received at this time.

**Relaxation Training/ Hypnotherapy 1 time a 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 - Treatment for Workers Compensation (ODG - TWC) : Mental Illness & Stress Procedure Summary.

**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, mind/body interventions for stress relief.

**Decision rationale:** With regards to Medical hypnotherapy the MTUS is silent with regards to this treatment modality, however the official disability guidelines does address the issue and states that for hypnosis it can be recommended as an option in particular with patients who have PTSD, which does not apply for this patient. The number of sessions that can be offered should be contained within the total number of psychotherapy visits. However PTSD is not the only reason to use such procedures in the case of psychological treatment. The ODG also mentions the use of mind-body treatment stating that it can be recommended with the typical format of mindfulness based stress reduction is innately course consisting of two in hours per week. With respect to this patient's prior treatments using this modality I also found insufficient documentation with regards to past relaxation/hypnotherapy sessions: there is no number of total sessions provided, nor were there any progress notes provided from prior sessions that would enable me to the term and whether not any progress is being made are from them. In the absence of any further information, and based on the assumption that she is had probably the same number of sessions of relaxation/hypnotherapy (since February 2013) that she did of group cognitive behavioral therapy, I estimate that she has already received more than the maximum amount that would be indicated by the official disability guidelines. If this information is inaccurate, the treating provider could be consider submitting this clean and adjusting the requested number of sessions so that it fits within the treatment guidelines of 13 to 20 sessions maximum as specified in the official disability guidelines.