

<b>Case Number:</b>	CM14-0097294		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/19/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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:

Because this is a request for psychological treatment, this IMR will focus on her psychological symptoms and treatment. This injured worker reported an industrial/occupational work-related injury with a date of July 19, 2008. The patient reported multiple injuries to her body and emotional psyche that are the result of her customary duties as a correctional employee for the State of California Department of corrections where she worked in a number of different capacities they range from watchtower guard to correctional counselor from 1983 to 2009. There are multiple dates of specific injuries listed dating back to 1986 and including 1997, 2005, 2006, and 2008. There is right carpal tunnel syndrome, and right knee pain. Medically she has been diagnosed with cervical and lumbar radiculopathy, right knee internal derangement, and right carpal tunnel syndrome, status post right carpal tunnel release. She has reported bilateral shoulder, upper arm, lower arm, upper and lower back pain as well as bilateral upper and lower leg pain and neck pain, psychological-mental illness. Psychologically, she has been diagnosed with depressive disorder, not otherwise specified, with anxiety, mild to moderate in severity and chronic. There is a mood disturbance, chronic fatigue, diminished libido, and an altered appetite. In July of 2011 It was recommended by her now treating Psychologist that she began cognitive behavioral therapy treatment and it appears that she has continued to engage in that treatment regularly since then. Psychiatric treatment started in October 2010 and continues currently. A progress note from her treating psychologist From May 23, 2014 stated that the patient continues to experience pain that impacting her sleeping, mood and continues to have anxiety attacks and feels irritable when around groups of people. That she is apprehensive, talkative, has an anxious mood, and is hopeful about her future. There are also indications that she is tired and has low energy, and is preoccupied with her physical pain condition. Treatment goals were listed as decreasing the frequency and intensity of depressive symptoms, increasing

levels of motivation and hopefulness, improving the duration and quality of her sleep, and decreasing the frequency and intensity of anxiety symptoms. Progress that she has made in treatment to date was noted as there is improved mood with medication. For continued treatment plan is to have additional cognitive behavioral group psychotherapy weekly and Relaxation/hypnotherapy sessions weekly. A request was made for six sessions of group cognitive behavioral therapy and another request was made for six sessions of medical hypnotherapy/relaxation therapy and was non-certified.

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

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

#### **Medical Hypnotherapy/Relaxation Training Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines, Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010 chapter Stress Related Conditions; Cognitive Techniques and Therapy.

**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.

**Decision rationale:** With regards to Medical hypnotherapy the MTUS is silent with regards to this treatment modality; however the official disability guidelines do 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 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 consisting of 2 hours per week. With respect to this patient's prior treatments using this modality, I found insufficient documentation with regards to past relaxation/hypnotherapy sessions. It is unclear who exactly would be providing the treatment and if there are qualified to do so, there is no number of total sessions provided in the past, nor were there any progress notes provided from prior sessions that would enable me to determine whether not any progress is being made. In the absence of any further information, and based on the assumption that she has had probably the same number of sessions of relaxation/hypnotherapy 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: of 13 to 20 sessions maximum. There is no rationale provided on why this patient needs this specific treatment, nor is there a treatment plan with goals for this treatment. Due to lack of information provided and insufficient documentation of prior use of this modality, it is not possible to deem this treatment medically necessary.

#### **Group Cognitive Behavioral Therapy Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines, the Occupational Medicine Practice Guidelines Plus, and on APG I Plus, 2010.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The requested treatment was found to be not medically necessary due to insufficient documentation supporting it and likely exceeding maximum quantity of sessions. I did a thorough and comprehensive review of the patient's medical record as it was provided to me, I was unable to find any indication of how many sessions the patient has had to date and this information is critically important in order to determine if she can have additional sessions. It appears that she is been engaging in regular perhaps a weekly psychological treatment for many years dated back. There was no progress notes provided whatsoever for this patient's psychological treatment other than a brief summary that consisted of a few descriptive sentences. Missing was any in session progress notes with details of the content and documentation whatsoever with regards to functional improvement. There was one note that stated that the patient is benefiting by her treatment and having improved mood but it also states that it was due to medication. Although the treatment plan was provided there were no indication what progress is being made or the goals that were listed nor were there dates of expected completion of those goals. The authorization of psychological treatment is contingent upon the patient making improvement in functional capacity that is objective and can be measured. The official disability guidelines state that a patient who is making progress in treatment may have 13 to 20 session's maximum. Additional sessions can be provided in some circumstances; however there was no information to support than that this patient would qualify for that exemption. Because the total number of sessions that the patient has had to date was not provided I assume based on my estimation because she has been in treatment since 2012 or longer, she has likely has already exceeded the maximum number of sessions to date. The request is not medically necessary.