

<b>Case Number:</b>	CM15-0009439		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York  
Certification(s)/Specialty: Internal Medicine

### 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 60 year old female who sustained an industrial injury on March 19, 2012. She has reported pain to the right knee and has been diagnosed with status post arthroscopic debridement of the right knee, partial left rotator cuff tear, left shoulder, and AC joint arthrosis, left shoulder. Treatment to date has included medical imaging, surgery, physical therapy, and medications. Currently the injured worker complains of left shoulder problems. The treatment plan included surgery with postoperative care. On December 19, 2014 Utilization Review non certified group medical psychotherapy 1 x 12 weeks, medical hypnotherapy, relaxation training 1 x 12 weeks, individual session 1 x 12 weeks, and high complex office consultation x 8 citing the MTUS and Official Disability Guidelines.

### 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 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness Chapter and CA MTUS Hegmann K, Occupational Medicine Practice Guidelines, 2nd ed (2008 Revision), pages 01062-1067.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health Chapter, Group Therapy.

**Decision rationale:** ODG states that Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with, current findings do not favor any particular type of group therapy over other types. Documentation indicates the injured worker has received previous Psychological treatment but there is lack of information regarding the type of therapy, number of psychotherapy visits or objective functional improvement. The request for Group medical psychotherapy 1 x 12 weeks is not medically necessary by lack of information to meet ODG guidelines.

**Medical hypnotherapy:** 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), Stress and Mental Illness Chapter.

**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 Chapter, Hypnosis.

**Decision rationale:** 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. PTSD patients who manifest at least moderate hypnotizability may benefit from the addition of hypnotic techniques to their treatment. Documentation reveals that the injured worker is diagnosed with PTSD and is reported to have nightmares and symptoms of anxiety. Documentation does not address if the injured worker is hypnotizable, but it reasonable to defer to the treating physician's medical assessment. The request for Medical hypnotherapy is medically necessary by guidelines.

**Relaxation training 1 x 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), Stress and Mental Illness Chapter.

**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 Chapter, PTSD psychotherapy interventions.

**Decision rationale:** ODG states that Psychotherapy interventions are aimed at reduction of symptoms severity and improvement of global functioning. However, the clinical relevance and importance of other outcome indicators (e.g., improvement of quality of life, physical and mental

health) are not currently well known. Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. The request for Relaxation training 1 x 12 weeks is not medically necessary as it exceeds the recommended session trial and documentation fails to show acute exacerbation of symptoms.

**Individual sessions 1 x 12 weeks (75-80 mins): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological Treatment.

**Decision rationale:** Per guidelines, the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. Per guidelines, the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Documentation reveals that the injured has received psychological treatment, but there is lack of detailed information regarding the number of visits or objective functional improvement to determine the need for additional sessions. The request Individual sessions 1 x 12 weeks (75-80 mins) is not medically necessary per MTUS or ODG guidelines.

**High complex office consultations x 8: 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), evaluation and management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

**Decision rationale:** Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker reports no significant improvement in function with treatment modalities provided to date. Per guidelines, the request for High complex office consultations x 8 is medically necessary.