

<b>Case Number:</b>	CM15-0101261		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Psychologist

### 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 58 year old male, who sustained an industrial injury on 11/17/2008. The current diagnoses are major depressive disorder, generalized anxiety disorder, insomnia, and psychological factors affecting medical condition. According to the progress report dated 9/26/2014, the injured worker complains of feeling sad and anxious at times. He reports an increase in mood. His physical symptoms are, at times, exacerbated by stress. He reports an increase in his sleep due to medication. He reports that treatment is helping with depressed and anxious mood. The physical examination reveals sad and anxious mood; apprehensive; bodily tension; rapid speech. The current medication list is not available for review. Treatment to date has included medication management, cognitive behavioral group psychotherapy, and relaxation training/hypnotherapy. The plan of care includes 6 additional cognitive behavioral group therapy sessions and 6 additional hypnotherapy/relaxation training sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Group Medical Therapy (Cognitive behavioral therapy), 1 session wkly for 6 wks, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological treatment; Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions). If documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for outpatient group medical therapy (cognitive behavioral therapy), one session weekly for 6 weeks total 6 sessions. The request was non-certified by utilization review with the following rationale provided: "MTUS recommends up to 10 sessions of cognitive behavioral therapy with evidence of functional improvement. Claimant has completed an unknown amount of psychotherapy without documented specific functional improvement. In addition, the most recent available treatment notes are 8 months old. Medical necessity is not established for the requested continued CBT/group therapy." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. The provided medical records do not establish the medical necessity of the requested treatment. A psychological treatment progress note was found from September 26, 2014 it indicates 6 treatment goals including decreasing intensity and frequency of depression and anxiety symptoms and increasing levels of motivation

hopelessness and sleep quality. Progress to date is mentioned as "decreased in sad and anxious symptoms." There is no evidence or documentation of objectively measured functional improvement in the progress notes, there is no discussion of how many sessions the patient has received to date. Without knowing the total session quantity that the patient has already received is not possible to determine whether or not the request for 6 additional sessions falls within the above stated guidelines. For this reason, the request is not medically necessary and the utilization review determination is upheld.

**Medical Hypnotherapy/Relaxation training, 1 session wkly for 6 wks, 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress chapter - Hypnosis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: Hypnosis. March 2015 update.

**Decision rationale:** The CA-MTUS guidelines are nonspecific for hypnosis, however the official disability guidelines does discuss the use of hypnosis and says that it is recommended as an option, a therapeutic intervention that may be an effective adjunct to procedure in the treatment of post-traumatic stress disorder PTSD. And hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. It is also mentioned as a procedure that can be used for irritable bowel syndrome. Hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise. The total number of visits should be contained within the total number of psychotherapy visits. The ACOEM discusses the use of relaxation therapy: The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestation of daily, continuous stress. The main disadvantage is that formal training, at a cost is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. A request was made for medical hypnotherapy/relaxation training, one session weekly for 6 weeks total 6 sessions. The request was non-certified by utilization review with the following rationale provided: MTUS is silent regarding hypnotherapy. Therefore, ODG was consulted. ODG recommends use of hypnotherapy for selected patients with post-traumatic stress disorder (PTSD), but is silent regarding hypnotherapy for other conditions. No diagnosis of PTSD is documented. Based on lack of documented functional response to previous hypnotherapy and lack of current documentation, medical necessity is not established for the requested hypnotherapy sessions. No treatment progress notes were found with regards to the patient's prior use of this treatment modality. Although a treatment progress note was found, there is no mention of his participation in this treatment modality specifically nor is there an indication of his response to it. There is no indication in the provided medical records whether he is being trained to do this technique

independently at home when needed in pain. There is no indication or discussion of how deep of a relaxed state he is able to achieve. The treatment itself is not discussed in terms of why he is in need of this particular treatment modality. There is no clearly stated mention of how many sessions of this treatment modality the patient has already received to date. There is no specific treatment goal and plan for this treatment modality. For these reasons, the request is not medically necessary and therefore the utilization review determination for non-certification is upheld.