

<b>Case Number:</b>	CM15-0135342		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 46-year-old female with an industrial injury dated 05/06/2010. The injured worker's diagnoses include major depressive disorder, single episode of moderate, generalized anxiety disorder, female hypoactive sexual desire disorder due to chronic pain, insomnia related to anxiety and chronic pain and stress related physiological response affecting physiological response affecting gastric disturbances and headaches. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/05/2015, the injured worker reported persistent pain and difficulties walking. The injured worker also reported feeling discouraged, and frustrated by physical limitations. She complained of fatigue, irritability, trouble concentrating and sleep difficulties secondary to pain. Objective findings revealed injured worker's preoccupation concerning current physical symptoms and condition. Objective findings also revealed sad, anxious, tense, soft spoken, apprehensive, ambulation with walker, poor concentration, over talkative and tearful. The treating physician reported that the injured worker is high risk for suicide due to her persisting pain and her death thought, requiring necessary mental treatment. The treating physician prescribed services for office visit 1X8, group medical psychotherapy sessions 1X8 and medical hypnotherapy / relaxation sessions 1X8, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Office visit 1X8: Overturned**

**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 (online version) Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: Office Visits, March 2015 Update.

**Decision rationale:** Citation Summary: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The Official Disability Guidelines (ODG) addresses Office Visits, Evaluation and Management (E&M) stating that they are recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A request was made for the following treatment modalities: office visit one time a week for 8 weeks (8 sessions); relaxation training/hypnotherapy one time a week for 8 weeks (8 sessions); and group psychotherapy one time a week for 8 weeks (8 sessions). The request was non-certified by utilization review. This IMR will address a request to overturn that decision. With regards to the request for 8 office visits, utilization review provided the following rationale for its decision: "the medical records do not establish how many treatment sessions the patient has completed to date for evidence of functional improvement as a result of the previously rendered care. The guidelines recommend a total of up to 13 to 20 psychotherapy visits with evidence of objective functional improvement. When comparing the February 13, 2015 and June 5, 2015 progress reports cited above, there does not appear to be significant change in the patient's condition. She continues to report symptoms of anxiety and depression. Without evidence of functional improvement, further treatment in this regard would not be indicated." The medical necessity the request for 8 follow-up sessions was established marginally by the provided documentation. As best as could be determined from the provided documentation the patient only recently started psychological treatment and does not appear to have received an excessive amount. The provided documentation does not indicate the precise number of sessions of psychological treatment that she has received to date nor does it provide sufficient information regarding patient benefit from prior treatment. However, an exception will be made to allow for a few more sessions of this treatment modality given that the patient has suffered from failed back surgery as a result of the industrial injury and is presenting with significant psychological symptomology that appears to require psychological intervention. No additional sessions should be authorized, if medically necessary, after this without significant documentation of patient response from treatment, and the exact total quantity of sessions at the

patient has received. The official disability guidelines allow for a total of 13 to 20 sessions maximum of psychological treatment for most patients. Demonstrating medical necessity with evidence of patient benefit including objectively measured functional improvement as well as continued psychological / psychiatric symptomology the clinically significant level is required. One-time exception is being made in this case as it appears that the patient does, based on her medical records, require psychological care. Therefore the utilization review decision for non-certification is overturned. The request is medically necessary.

### **Group medical psychotherapy sessions 1X8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter (online version) Cognitive therapy for depression - Group therapy.

**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 Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Citation Summary: 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 the following treatment modalities: office visit one time a week for 8 weeks (8 sessions); relaxation training / hypnotherapy one time a week for 8 weeks (8 sessions); and group psychotherapy one time a week for 8 weeks (8 sessions). The request was non-certified by utilization review. This IMR will address a request to overturn that 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 including objectively measured functional improvements. With

regards to the request for group medical psychotherapy 8 sessions utilization review's rationale for non-certification was stated as: "per guidelines, 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. The medical records do not establish that the patient is treating for a diagnosis of PTSD to warrant group-based therapy. Furthermore, as discussed above, it appears the patient has been undergoing psychotherapy treatment. Do not indicate how many sessions she has completed the date or evidence of functional improvement." The medical necessity of this request for additional group medical psychotherapy sessions, was not established by the provided documentation. It is noted in a letter from the requesting physician's office that the patient has only attended one treatment session of group therapy. The total quantity of sessions received to date appears to be more than that but it is unknown. There is a treatment record indicating sessions occurred on August 12, 2014, September 23, 2014, and November 11, 2014. It is not clear whether these are psychotherapy sessions because the treatment notes are handwritten and illegible. There is no detailed information regarding patient progress from treatment. In order to authorize continued treatment the total quantity of sessions at the patient has received must be accurately conveyed as well as documentation regarding patient benefit from treatment including objectively measured functional improvement indices. In addition, the use of this treatment modality for this patient based on her diagnosis is not indicated. Although psychological treatment and cognitive behavioral therapy are supported by the MTUS and official disability guidelines, group treatment is recommended for patients with PTSD. There is no indication of PTSD for this patient. Therefore the medical necessity the request is not established and utilization review decision is upheld. The request is not medically necessary.

### **Medical hypnotherapy/relaxation sessions 1X8: 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 (online version) Hypnosis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: Hypnosis. March 2015 update.

**Decision rationale:** Citation Summary: 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. Decision: A request was made for the following treatments: office visit one time a week for 8 weeks (8 sessions); relaxation training/hypnotherapy one time a week for 8 weeks (8 sessions); and group psychotherapy one time a week for 8 weeks (8 sessions). The request was non-certified by utilization review. This IMR will address a request to overturn that decision. With regards to the request for hypnosis/relaxation training, the medical records do not establish that the patient is treating for a diagnosis of post-traumatic stress disorder to warrant treatment with hypnosis. The records do not indicate how many sessions she has completed the date or evidence of functional improvement as a result of this treatment." The medical necessity of the request for 8 sessions of hypnosis / relaxation training is not established by the provided documents. The patient has been undergoing treatment with the requesting psychologist for since November 11, 2014, it is unclear how much prior sessions of this treatment modality that she is already received. There are no direct progress notes discussing the use of this treatment procedure and the impact and results there from. Without further information regarding the total quantity of sessions at the patient has received this treatment modality as well as detailed information regarding objectively measured functional improvement as a direct consequence of the application of this treatment modality further treatment using hypnosis/relaxation training is not indicated. Therefore the medical necessity the request is not established and utilization review decision for non-certification is upheld. The request is not medically necessary.