

Case Number:	CM15-0209384		
Date Assigned:	10/28/2015	Date of Injury:	12/15/2011
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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 64 year old female, who sustained an industrial-work injury on 12-15-11. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, generalized anxiety disorder and insomnia. Treatment to date has included pain medication, psyche care, group, relaxation training-hypnotherapy and individual therapy. Medical records dated 7-27-15 indicate that the injured worker complains of persisting pain and recently had right hand surgery. The pain interferes with sleep and she feels sad, tired and worried due to her condition. She worries about her inability to perform her usual activities of daily living (ADL): as she used to and work as she did before. She fears her condition will worsen over time and the levels of pain will intensify. At times, she feels unable to cope with the pain; however this is somewhat improved with group psychotherapy. Per the treating physician report dated 9-9-15 the work status is temporary total disability until 10-15-15. The physical exam-objective findings reveal that she is nervous, tense and sad. There is bodily tension, preoccupation with physical condition, she ambulates with a cane, wears a right arm brace, she is soft-spoken, and apprehensive. The physician indicates that the injured worker is in need of continued mental health interventions for serious symptoms of depression and anxiety. The physician also indicates that the injured worker has made some improvement towards current treatment goals as evidenced by improved social functioning, mood, and ability to cope with symptoms due to treatment. The service included Medical hypnotherapy-relaxation for the given diagnosis of depressive disorder once a week for 6 weeks as an outpatient. The original

Utilization review dated 10-15-15 non-certified the request for Medical hypnotherapy-relaxation for the given diagnosis of depressive disorder once a week for 6 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation for the given diagnosis of depressive disorder once a week for 6 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd: London, England; www.clinicalevidence.com; Section: Mental Health: Condition: Generalized Anxiety Disorder BMJ Publishing Group, Ltd: London, England; www.clinicalevidence.com; Section: Mental Health: Condition: Obsessive Compulsive Disorder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommends a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. The request was made for: "medical hypnotherapy and relaxation for the given diagnosis of depressive disorder once a week for six weeks as an outpatient" the request was non-certified the utilization review which provided the following rationale for its decision: "...The telephonic peer to peer with the treating provider failed to provide any clarification of vague information the documentation submitted for review or additional clinical findings or information that would support the medical necessity the

requested services as related to the compensable injury..." 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 including objectively measured functional improvements. The medical necessity the requested treatment is not supported by the provided documentation. The total quantity of treatment sessions provided to date is not clearly stated. Because it is not known how much treatment the patient has received to date it could not be determined whether or not additional sessions would meet or exceed treatment guidelines for psychological session quantity per ODG and MTUS. No objectively measured functional indices of treatment progress note provided for consideration to support this request. The single Psychological treatment progress note that was provided did not directly address the patient's progress in using this treatment modality of hypnotherapy and relaxation techniques to address chronic pain conditions or her resulting depression. Is not clear if the patient is able to use the techniques independently at home at times of pain or where she is at in the process of learning how to do so. Although a treatment progress note was provided it addresses the patient's cognitive behavioral therapy but does not mention this component directly. It is not entirely clear why medical hypnosis and relaxation training is being provided for this patient. Medical hypnosis is recommended for patients with PTSD. This patient does not appear to have, based on the provided medical records, a diagnosis of PTSD. For this reason the utilization review determination is upheld as the request is not medically necessary and was not established by the provided documentation.