

<b>Case Number:</b>	CM15-0022282		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 1 60 year old male who sustained an industrial injury on 1/23/09 involving hydraulic fluid penetrating his right hand at which point he experienced immediate sharp searing pain. He currently complains of pain in the right hand, wrist, right shoulder, low back, mid back, neck, leg, headaches and anxiety. His pain intensity is 7/10. He developed an infection in the right hand and had 2 surgeries to debride the area. In addition he has undergone right shoulder arthroscopy, anterior cruciate ligament repair of the knee. Pain affects his activities of daily living and sleep. Medications are gabapentin, Ultram and omeprazole. Diagnoses include Complex Regional pain Syndrome, right upper extremity; chronic tendinosis; chronic post-operative pain, right hand; cervicgia; lumbago; right shoulder impingement syndrome; right knee ligament derangement. Treatments to date include physical therapy, cervical epidural steroid injections, medication, and psychological evaluations. Diagnostics include MRI of the knee right shoulder (8/21/09), cervical spine; abnormal MRI right hand (3/2/09) (8/6/11). Normal electromyography/ nerve conduction studies bilateral upper extremities (3/31/10); bone scan (9/09); MRI cervical spine (9/09) and x-ray of the right hand (3/4/09) revealing mild tissue swelling and no fracture. Progress note dated 12/19/14 indicates a request for cognitive behavioral group therapy 1 session per week for 6 weeks to help the injured worker cope with physical condition, levels of pain and emotional symptoms and relaxation training/ hypnotherapy 1 session per week to help manage the injured workers stress and/ or levels of pain. On 1/12/15 Utilization Review non-certified the requests for relaxation training/ hypnotherapy 1 session X6

and Cognitive Behavioral therapy 1 session X 6 citing MTUS: ACOEM: Chapter 15 and ODG; MTUS: Chronic Pain Medical treatment Guidelines and ODG: Pain (Chronic) respectively.

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

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

**Relaxation Training/Hypnotherapy. 1 session a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress chapter, topic: hypnosis. February 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 Chapter on Stress related disorders page 400 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: Continued psychological treatment is contingent upon the following factors being evidenced and documented comprehensively: the total quantity of the patient's prior treatment sessions conforming to MTUS/official disability guidelines, evidence of patient benefited from prior treatment including objectively measured functional improvement, insignificant patient psychological symptomology. Because there appears to be an ongoing treatment process despite the contention that there is not the total number of treatment sessions the patient has received to date has not been provided clearly therefore it is not possible to determine whether or not this request for additional sessions of relaxation training/hypnosis are medically indicated. This request is deemed not medically necessary.

**Cognitive Behavioral Group Psychotherapy, 1 sessions a week for 6 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, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy.

**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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: as was mentioned in the above discussion of the request for relaxation training/hypnotherapy, the medical necessity of this request is also not established by the documentation provided. There is substantial information that he has had participation in psychological treatment during 2014 but it is unclear to what extent. A communication with the office staff stating that he has not had any psychological treatment whatsoever appears to be inaccurate. Because continued psychological treatment is contingent upon the total quantity of sessions at the patient has received conforming to MTUS/Official Disability Guidelines, and because there was no statement of how many sessions the patient has received to date it could not be determine whether or not this request conforms to guidelines. Because it could not be determined if this request conforms to guidelines the medical necessity was not established. The request is therefore not medically necessary.