

<b>Case Number:</b>	CM15-0026308		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 43 year old with an industrial injury dated 01/20/2014. The mechanism of injury is described as occurring when he fell off the bed of his work truck. He states his pain and physical limitations began to increase and impact his daily functioning resulting in a worsening mood and feeling sad and anxious. He experienced memory difficulties, dizzy spells, and blurry vision. The injured worker's mood was sad and anxious during the evaluation. Thought processes were appropriate, logical and coherent. He did not report any suicidal or homicidal ideation. Prior treatment included treatment for physical work related injuries. Diagnoses included: Depressive disorder, Generalized anxiety disorder, Insomnia related to generalized anxiety disorder and chronic pain, Stress related physiological response affecting headaches. On 01/27/2015 utilization review issued the following decisions: The request for group medical psychotherapy times 12 was partially certified to group medical psychotherapy times 4. MTUS was cited. Medical hypnotherapy/relaxation training times 12 was non-certified. MTUS and ODG were cited. Office consultation high complexity times 8 was partially certified to office consultation times 1. ACOEM was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group medical psychotherapy, twelve sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy for pain. See also psychological t. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines December 2014 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 measureable/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. A request was made for 12 sessions of group medical psychotherapy, the request was modified by utilization review to allow for 4 sessions with the remaining 8 sessions non-certified. The MTUS guidelines clearly state that an initial course of treatment shall consist of 3 to 4 sessions to allow for a determination of patient response to treatment. Additional sessions would be contingent upon documented evidence of patient benefit including objectively measured functional improvements. This protocol is designed to assess patient response and so that treatment failures can be identified early and alternative treatment strategies pursued if appropriate. The utilization review determination to allow for 4 sessions was done in order to ensure that this treatment protocol is being followed. The medical necessity of 12 sessions at the outset of a new course of psychological treatment ignores the recommended treatment protocol for an initial brief treatment trial, therefore medical necessity of the request is not established. The utilization review determination is upheld.

**Twelve sessions of medical hypnotherapy/relaxation training:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

**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. December 2014 update

**Decision rationale:** The official disability guidelines reflect that the use of hypnosis 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 for 12 sessions of medical hypnotherapy, relaxation training was made and was non-certified by utilization review. The use of relaxation training and medical hypnotherapy can be an appropriate adjunct to chronic pain management treatment, the total number of sessions provided should be contained within the psychological therapy sessions. This would be considered part of the psychological treatment. The patient has been authorized to participate in 4 sessions of group psychotherapy as an initial treatment trial. This request for 12 sessions exceeds the number of sessions that has been authorized for group psychotherapy. According to the treatment guidelines the number of sessions needs to be contained within the total number of psychological treatment sessions. For this reason the utilization review determination for non-certification is appropriate and upheld.

**Office consultation, high complexity, times eight:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B Referral.

**Decision rationale:** ACOEM chapter 15 page 398 B, Referral. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression

and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The request for eight (8) psychiatric high level complexity office visits is excessive and the medical necessity of the request is not established by the documentation that was provided for consideration for this review. Utilization review determined that one standard complexity consultation is appropriate with additional frequency and level of complexity to be determined subsequent to the initial consultation. An initial psychiatric treatment consultation would be needed to determine the patient's needs for future care. Assuming consultations one time per month this would be a request for 8 months worth of treatment which is excessive in duration as the medical necessity of the request may change over a shorter interval. Because the request is excessive in quantity and duration, the utilization review determination to allow for one consultation was appropriate and the decision is upheld.