

<b>Case Number:</b>	CM15-0026796		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 52 year old male injured worker suffered and industrial injury on 1/6/2014. The diagnoses were left hip degenerative joint disease, labral tear left knee internal derangement, sprain of the hip and thigh and osteoarthritis of the hip, anxiety and depression. The diagnostic studies were left knee magnetic resonance imaging. The treatments were psychotherapy, medications, and physical therapy. The treating provider reported improvement in irritability, anxiety, improved sleep, and improved concentration from therapy. The Utilization Review Determination on 2/9/2015 non-certified:1. Additional group cognitive behavioral psychotherapy for depression 1x6, citing MTUS, ODG2. Hypnotherapy for pain x 6, citing ODG

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional group cognitive behavioral psychotherapy for depression 1x6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment and Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Group Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy. Page(s): 23-24. 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 6 sessions of group cognitive behavioral psychotherapy, the request was non-certified by utilization review "the following rationale: open" it appears the patient attended group sessions approximately once per month as the last 2 visits were completed on December 18, 2014 and January 31, 2015. As such it would not appear that the patient has completed the 6 authorized group sessions. This course of treatment should be completed, followed by reevaluation, prior to determining whether an additional course of treatment is indicated. Therefore the recommendation is for non-certification. The medical records were carefully reviewed and it appears that the patient has received approximately 11 sessions at the time of this for last. Treatment guidelines suggest that for most patients a course of treatment consisting of 13 to 20 visits is appropriate as long as progress is being made. There is good documentation of patient benefit from treatment including decreased symptoms and improve energy and patient reporting increased activities. Continued psychological treatment is contingent upon documentation of all of the following: continued significant patient psychological symptomology, the total requested quantity of treatments consistent with guidelines, and patient benefit from prior treatment sessions including objective functional improvement. All of these conditions were met in the medical necessity of the request has been established as reasonable and appropriate. Therefore the request to overturn the utilization review determination of non-certification is approved.

**Hypnotherapy for pain x 6:** 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 Chapter, Hypnosis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-400. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: hypnosis December 2014 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. In addition, the ACOEM guidelines mentions the use of hypnosis in its discussion 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 modified 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. The patient has been diagnosed with the following psychological disorders: adjustment disorder with mixed disturbance of emotions and conduct, insomnia related to pain an adjustment disorder. There is no indication in the medical records that were provided of the rationale for the reason for this requested treatment modality. Although there are indications where the use of hypnosis is an appropriate intervention it is unclear why this patient is currently in need of this treatment. In addition it appears that he has had several sessions of this treatment modality and there is no medical records reflecting whether or not the treatment that was provided was beneficial to him and exactly what is being treated with this intervention. There's no clear treatment plan with stated goals and expected dates of accomplishment. No comprehensive psychological evaluation was provided. Without a clear rationale for why this treatment modality was added and without a clear understanding of how me sessions the patient is already received and whether or not there was objective functional improvement from prior sessions the medical necessity of additional sessions is not established by the documentation provided. Therefore the utilization review determination for non-certification is upheld.