

<b>Case Number:</b>	CM15-0214063		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 52 year old female, who sustained an industrial injury on February 25, 2008. She reported a cervical spine injury. The injured worker was currently diagnosed as having cervical strain with radiculopathic findings in arms, RSD of right forearm laceration over the median nerve, thoracic intervertebral disc herniations with radiular pain and hypalgnesia, severe anxiety and depression aggravated by chronic pain, thoracic sensory thoracic radiculopathy, muscle spasm in paravertebral regions associated with thoracic intervertebral disc herniations, lumbar sacral strain, opiate pain management, opiate taper, sleep dysfunction associated with chronic pain, pain disorder associated with both psychological factors and a general medical condition, depressive disorder and psychosocial stressors (employment issues, economic hardship, chronic pain and isolation). Treatment to date has included exercise, medication and psychological evaluation. On November 3, 2015, the injured worker was noted to have persistent musculo skeletal and neurological deficits, possible adverse interactions from a combination of various medications prescribed, co-morbidities, constipation, adverse neurological deficits associated with nerve compression or traction by painful musculoskeletal conditions, muscle spasm associated with chronic pain, adverse GI findings, depression related to chronic pain, loss of sleep due to interference from painful joints and nerves, loss of activities of daily living due to chronic pain and daytime somnolence due to a combination of difficulty sleeping at night and the effects of medication. Medications indicated in the report included Brintellix, bupropion, Citalopram, Topiramate, Norco, Cyclooxygenase, Meloxicam, topical Lidocaine Aspercreme and Lidoderm patches. Psychological consultation and interventions

were requested to include twelve sessions to provide education on both the benefits and limitations of opioid treatment, emphasize non-opioid care, emphasize realistic goals, avoid increasing dosages of medications to chase pain and encourage development of strategies for self-regulation of medication misuse and individual counseling. On November 11, 2015, notes stated that the injured worker takes the minimal amount of medication to avoid the cognitive effects and avoid drowsiness. She was unable to sit for longer than a half to one hour without severe pain. Notes stated that she needs to be in psychotherapy with a therapist who can provide supportive psychotherapy, advocacy and who will also help her find ways to ameliorate her psychosocial stressors. On October 22, 2015, utilization review denied a request for twelve sessions of psychotherapy with hypnotherapy.

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

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

#### **12 sessions of psychotherapy with hypnotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Hypnosis.

**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:** 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) recommend 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. A request was made for 12 sessions of psychotherapy with hypnotherapy, a request was met on certified by utilization review which provided the following rationale for its decision: "the patient has completed an appropriate amount of psychotherapy sessions with hypnotherapy, per the guidelines referenced. As such, a further psychotherapy session with hypnosis is not warranted." 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 established by the provided documentation. The total quantity of psychological treatment received by the patient on an industrial basis for this injury is not specifically stated, however the medical records indicate and suggest that the patient has been participating in psychological treatment for at least several years. Provided medical records reflect at least some psychological treatment dating back to 2009 or 2010. The industrial guidelines for psychological treatment support 13 to 20 sessions according to the Official Disability Guidelines with an exception made for patients with very severe Major Depressive Disorder or PTSD to allow for treatment to last at least 50 sessions or for one year. Although it could be determined definitively it appears likely that the patient has exceeded this amount of sessions and treatment. For this reason the medical necessity the request is not established and utilization review decision for non-certification is upheld. The request is not medically necessary.