

Case Number:	CM15-0218324		
Date Assigned:	11/10/2015	Date of Injury:	10/02/2006
Decision Date:	12/22/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/05/2015

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 a 50 year old male, who sustained an industrial injury on 10-2-2006. The injured worker is being treated for major depressive disorder single, post-traumatic stress disorder, male hypoactive sexual desire, insomnia and psychological factors. Treatment to date has included diagnostics, multiple surgical interventions, physical therapy, medications, acupuncture, psychological evaluation and treatment. Per the Psychological Assessment Report dated 9-30-2015, the injured worker presented for initial evaluation. He reported being sad, helpless, hopeless, lonely, angry, irritable, pessimistic, and unmotivated. He lacks confidence in himself and withdraws from social situations. He has memory and concentration problems. He has a tendency to engage in conflicts with others and experiences crying spells and angry outbursts. Mental status exam showed that he was alert oriented to person, place and time. His contact with reality was adequate. There was no evident histrionic manifestation of pain and no disturbance of consciousness. His concentration was, at times, deficient. His judgment was good, he denied suicidal or homicidal ideation. His thought content was focused with preoccupation of his physical limitations, somatic pain, physical symptoms, sexual difficulties, financial circumstances and marital-family problems. Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 10-05-2015 for 8 (1x8) sessions of group psychotherapy, 8 (1x8) sessions of medical hypnotherapy and 8 (1x8) sessions of psychotherapy. On 10-12-2015, Utilization Review non-certified the request for 8 (1x8) sessions of group psychotherapy, 8 (1x8) sessions of medical hypnotherapy and 8 (1x8) sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy, 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: see also Group Therapy, March 2015 update.

Decision rationale: A request was made for the following treatment modalities: individual sessions, 75-80 minutes, one time a week for eight weeks; desensitization techniques, one time a week for eight weeks; medical hypnotherapy and relaxation training one time a week for eight weeks; group psychotherapy one time a week for eight weeks. All for treatment requests were non-certified by utilization review which provided the following rationale for its decision: "Since the total number of sessions and objective functional progress from 2006 have not been reported, the decision for 8 (treatment type) sessions is non-certified at this time." This IMR will address a request to overturn the utilization review decision. A letter of appeal was written from the requesting and treating provider's office from November 5, 2015 and stated that: please be advised that are patient has not attended any group psychotherapy or medical hypnotherapy sessions thus far; therefore you will not find progress or frequency duration in the report. We have attached the patient's evaluation and management of new patient report." An evaluation and management of new patient report from September 30, 2015 was provided and reviewed. The 10-page report summarizes the patient's medical, psychological and psychiatric symptomology and the nature of his industrial injury. The report did not provide any details whatsoever regarding prior psychological treatment. There is no clear statement in this report that the patient has not had any prior psychological treatment on an industrial basis since the time of his industrial injury in 2006. There are indications in the 760 pages of medical records submitted of prior psychological treatment. For example [REDACTED] diagnosed him with PTSD and r/o Pain disorder. 3/2010 but no information on treatment was detailed. Thus it is not known whether or not the patient has received any psychological treatment whatsoever for this industrial injury from any providers. The patient's injury occurred in 2006 and the letter of appeal mentioned above states "any group psychotherapy or medical hypnotherapy sessions thus far" this does not address treatment from other providers or individual psychological treatment. In addition, this request is not consistent with industrial guidelines for psychological treatment. The MTUS and ODG both recommend an initial brief treatment trial. The MTUS recommends 3 to 4 sessions for the initial brief treatment trial. The ODG recommends 4 to 6 sessions for the initial brief treatment trial. The initial brief treatment trial is important because it establishes whether the patient is responding to treatment prior to the authorization of additional sessions. This request for eight sessions doubles the maximum number of sessions that the MTUS recommends for an initial brief treatment trial and also exceeds the maximum from the ODG.

If in fact the patient has not received prior psychological treatment from any other providers on an industrial basis, or if the last only treatment he received was in 2006 (contingent upon how many sessions he received and what the outcome was) then the patient should be afforded psychological treatment on an industrial basis provided that the request is consistent with industrial guidelines. Because this information is not provided and the request is exceeding guidelines medical necessity is not established and utilization review decision is upheld. However it should be noted this is not a statement stating that the patient is, or is not needing psychological treatment on an industrial basis only that this request does not meet current industrial treatment guidelines. The request is not medically necessary.

Medical hypnotherapy/relaxation training, 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress Chapter, topic: hypnosis. August 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. Moreover, 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. Credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise should only use hypnosis. 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. Because the relaxation training/hypnosis sessions would be contained within the psychological treatment and cognitive behavioral therapy, the same discussion that was provided above applies to this request. A request was made for the following treatment modalities: individual sessions, 75-80 minutes, one time a week for eight weeks; desensitization techniques, one time a week for eight weeks; medical hypnotherapy and relaxation training one time a week for eight weeks; group psychotherapy one time a week for eight weeks. All for treatment requests were non-certified by utilization review which provided the following rationale for its decision: "Since the total number of sessions and objective functional progress from 2006 have not been reported, the decision for 8 (treatment type) sessions is non-certified at this time." This IMR will address a

request to overturn the utilization review decision. A letter of appeal was written from the requesting and treating provider's office from November 5, 2015 and stated that: please be advised that are patient has not attended any group psychotherapy or medical hypnotherapy sessions thus far; therefore you will not find progress or frequency duration in the report. We have attached the patient's evaluation and management of new patient report." An evaluation and management of new patient report from September 30, 2015 was provided and reviewed. The 10 page report summarizes the patient's medical, psychological and psychiatric symptomology and the nature of his industrial injury. The report did not provide any details whatsoever regarding prior psychological treatment. There is no clear statement in this report that the patient has not had any prior psychological treatment on an industrial basis since the time of his industrial injury in 2006. Thus it is not known whether or not the patient has received any psychological treatment whatsoever for this industrial injury from any providers. The patient's injury occurred in 2006 and the letter of appeal mentioned above states "any group psychotherapy or medical hypnotherapy sessions thus far" this does not address treatment from other providers or individual psychological treatment. There are indications in the 760 pages of medical records submitted of prior psychological treatment. For example [REDACTED] diagnosed him with PTSD and r/o Pain disorder. 3/2010 but no information on treatment was detailed. In addition, this request is not consistent with industrial guidelines for psychological treatment. The MTUS and ODG both recommend an initial brief treatment trial. The MTUS recommends 3 to 4 sessions for the initial brief treatment trial. The ODG recommends 4 to 6 sessions for the initial brief treatment trial. The initial brief treatment trial is important because it establishes whether the patient is responding to treatment prior to the authorization of additional sessions. This request for eight sessions doubles the maximum number of sessions that the MTUS recommends for an initial brief treatment trial and also exceeds the maximum from the ODG. If in fact the patient has not received prior psychological treatment from any other providers on an industrial basis, or if the last only treatment he received was in 2006 (contingent upon how many sessions he received and what the outcome was) then the patient should be afforded psychological treatment on an industrial basis provided that the request is consistent with industrial guidelines. Because this information is not provided and the request is exceeding guidelines medical necessity is not established and utilization review decision is upheld. However it should noted this is not a statement stating that the patient is, or is not needing psychological treatment on an industrial basis only that this request does not meet current industrial treatment guidelines. Therefore the request is not medically necessary.

Desensitization techniques, 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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) Mental illness and stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, August 2015 update.

Decision rationale: There are no citation industrial guidelines for "desensitization techniques" this is a technique that would be utilized within the context of a cognitive behavioral therapy

treatment on an individual basis. It is not clear if this is a request for EMDR treatment because the relaxation training/hypnosis sessions would be contained within the psychological treatment and cognitive behavioral therapy, the same discussion that was provided above applies to this request. A request was made for the following treatment modalities: individual sessions, 75-80 minutes, one time a week for eight weeks; desensitization techniques, one time a week for eight weeks; medical hypnotherapy and relaxation training one time a week for eight weeks; group psychotherapy one time a week for eight weeks. All for treatment requests were non-certified by utilization review which provided the following rationale for its decision: "Since the total number of sessions and objective functional progress from 2006 have not been reported, the decision for 8 (treatment type) sessions is non-certified at this time." This IMR will address a request to overturn the utilization review decision. A letter of appeal was written from the requesting and treating provider's office from November 5, 2015 and stated that: please be advised that are patient has not attended any group psychotherapy or medical hypnotherapy sessions thus far; therefore you will not find progress or frequency duration in the report. We have attached the patient's evaluation and management of new patient report." An evaluation and management of new patient report from September 30, 2015 was provided and reviewed. The 10 page report summarizes the patient's medical, psychological and psychiatric symptomology and the nature of his industrial injury. The report did not provide any details whatsoever regarding prior psychological treatment. There is no clear statement in this report that the patient has not had any prior psychological treatment on an industrial basis since the time of his industrial injury in 2006. Thus it is not known whether or not the patient has received any psychological treatment whatsoever for this industrial injury from any providers. The patient's injury occurred in 2006 and the letter of appeal mentioned above states "any group psychotherapy or medical hypnotherapy sessions thus far" this does not address treatment from other providers or individual psychological treatment. In addition, this request is not consistent with industrial guidelines for psychological treatment. The MTUS and ODG both recommend an initial brief treatment trial. The MTUS recommends 3 to 4 sessions for the initial brief treatment trial. The ODG recommends 4 to 6 sessions for the initial brief treatment trial. The initial brief treatment trial is important because it establishes whether the patient is responding to treatment prior to the authorization of additional sessions. This request for eight sessions doubles the maximum number of sessions that the MTUS recommends for an initial brief treatment trial and also exceeds the maximum from the ODG. If in fact the patient has not received prior psychological treatment from any other providers on an industrial basis, or if the last only treatment he received was in 2006 (contingent upon how many sessions he received and what the outcome was) then the patient should be afforded psychological treatment on an industrial basis provided that the request is consistent with industrial guidelines. Because this information is not provided and the request is exceeding guidelines medical necessity is not established and utilization review decision is upheld. However it should noted this is not a statement stating that the patient is, or is not needing psychological treatment on an industrial basis only that this request does not meet current industrial treatment guidelines. Therefore the request is not medically necessary.

Individual session, 75-80 minutes, 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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: A request was made for the following treatment modalities: individual sessions, 75-80 minutes, one time a week for eight weeks; desensitization techniques, one time a week for eight weeks; medical hypnotherapy and relaxation training one time a week for eight weeks; group psychotherapy one time a week for eight weeks. All for treatment requests were non-certified by utilization review which provided the following rationale for its decision: "Since the total number of sessions and objective functional progress from 2006 have not been reported, the decision for 8 (treatment type) sessions is non-certified at this time." This IMR will address a request to overturn the utilization review decision. A letter of appeal was written from the requesting and treating provider's office from November 5, 2015 and stated that: please be advised that are patient has not attended any group psychotherapy or medical hypnotherapy sessions thus far; therefore you will not find progress or frequency duration in the report. We have attached the patient's evaluation and management of new patient report." An evaluation and management of new patient report from September 30, 2015 was provided and reviewed. The 10-page report summarizes the patient's medical, psychological and psychiatric symptomology and the nature of his industrial injury. The report did not provide any details whatsoever regarding prior psychological treatment. There is no clear statement in this report that the patient has not had any prior psychological treatment on an industrial basis since the time of his industrial injury in 2006. Thus it is not known whether or not the patient has received any psychological treatment whatsoever for this industrial injury from any providers. The patient's injury occurred in 2006 and the letter of appeal mentioned above states "any group psychotherapy or medical hypnotherapy sessions thus far" this does not address treatment from other providers or individual psychological treatment. In addition, this request is not consistent with industrial guidelines for psychological treatment. The MTUS and ODG both recommend an initial brief treatment trial. The MTUS recommends 3 to 4 sessions for the initial brief treatment trial. The ODG recommends 4 to 6 sessions for the initial brief treatment trial. The initial brief treatment trial is important because it establishes whether the patient is responding to treatment prior to the authorization of additional sessions. This request for eight sessions doubles the maximum number of sessions that the MTUS recommends for an initial brief treatment trial and also exceeds the maximum from the ODG. In addition, the individual psychological therapy treatment modality is perhaps the most relevant request that were made with regards to appropriate treatments for this patient. However, there is no specification as to why the treatment request for individual psychological treatment is for 75-80 minutes. Typical psychological individual therapy sessions are 45 to 60 minutes in length. At times, a longer treatment session is necessary but there's no discussion of this request in the treatment plan that was provided and no rationale as to why an extended treatment session would be needed this early in the course of psychological treatment and why there would be a need for eight of them. If in fact the patient has not received prior psychological treatment from any other providers on an industrial basis, or if the last only treatment he received was in 2006 (contingent upon how many sessions he received and what the outcome was) then the patient should be afforded psychological treatment on an industrial basis provided that the request is consistent with industrial guidelines. Because this information is not provided and the request is exceeding guidelines medical necessity

is not established and utilization review decision is upheld. However it should noted this is not a statement stating that the patient is, or is no t needing psychological treatment on an industrial basis only that this request does not meet current industrial treatment guidelines. The request is not medically necessary.