

<b>Case Number:</b>	CM15-0220231		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 was a 61-year-old male, who sustained an industrial injury on October 4, 2011. The injured worker was undergoing treatment for cervical; spine herniated nucleus pulposus, bilateral shoulder internal derangement, bilateral wrist MLI, lumbar spine herniated nucleus proposes, diminished lung capacity, sleep deprivation, stress, anxiety, depression, chemical exposure and postoperative right shoulder arthroscopic surgery. According to the psychological press note of September 14, 2015, the injured worker was having difficulty with remembering things and sleeping the injured worker was waking up several times per night. The injured worker was worrying excessively about the future and about his physical condition. The injured worker was attending group therapy and found it helpful for understanding the injured worker's symptoms and decreasing tension and worry. According to the treating psychiatrist, the injured worker was making progress with current treatment due to the injured worker's improvement understanding of the symptoms and decreased feelings of tension. The injured worker was preoccupied with his physical condition and emotional condition. The injured worker previously received the following treatments Tramadol, Omeprazole, Naproxen, Gabapentin, Ultracet, Cialis, Lidoderm patches, Imitrex, Trazodone and topical cream. The RFA (request for authorization) dated October 2, 2015; the following treatments were requested medical hypnotherapy 1 times a week for 6 weeks and group medical psychotherapy 1 times a week for 6 weeks. The UR (utilization review board) denied certification on October 15, 2015; for medical hypnotherapy 1 times a week for 6 weeks and group medical psychotherapy 1 times a week for 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medical Hypnotherapy 1x per 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 (ODG) Mental Illness and Stress Chapter-Hypnosis.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress, Topic: Hypnosis. August 2015 update.

**Decision rationale:** Citation Summary: 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. In addition, 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. Decision: a request was made for medical hypnotherapy one time a week for six weeks; the request was not certified by utilization review, which provided the following rationale for its decision: "this modality is generally utilized for patients with a diagnosis of posttraumatic stress disorder. This patient does not present with a diagnosis of post traumatic stress disorder. Therefore the medical necessity is not established in accordance with current evidence-based guidelines." This IMR will address a request to overturn the utilization review decision. In a letter of appeal from November 9, 2015 from the patient's psychologist treating office it is noted that a August 20, 2013 report recommends the patient continued group psychotherapy and a weekly basis for one year and on a biweekly basis for six months, and then on a monthly basis for an additional six months. It also refers to a report from [REDACTED] April 3, 2015 and that utilization review has been denied treatment since October 2013. According to the provided medical records, the patient has been receiving psychological treatment from the requesting treating provider. A treatment progress note from June 29, 2015 was found and discusses current symptoms, and treatment goals. There is no specific mention of how much treatment the patient has received to date. Official disability

guidelines recommend a course of psychological treatment for most patients to consist of 13 to 20 sessions. According to the industrial guidelines, with regards the use of medical hypnotherapy and relaxation training the total quantity of sessions should be contained within the total quantity of cognitive behavioral therapy psychotherapy sessions. In cases of very severe major depressive disorder or PTSD, additional sessions can be offered contingent upon the establishment of medical necessity and documentation of patient improvement because of treatment. There is no specific information provided regarding the use of hypnotherapy relaxation training in terms of outcome, for example is the patient able to utilize the techniques independently at home. How deep or how relaxed does the patient get and does not provide relief for the patient. There are no objective measured indices of functional improvement provided as a direct result of prior psychological treatment. Treatment goals are repeated but there is no indication of progress or goals achieved based on prior sessions. Medical necessity of the request is not established due to insufficient information regarding the quantity of treatment the patient has received to date in conjunction with insufficient evidence of patient benefit including objectively measured functional improvement. For these reasons the medical necessity is not established and therefore utilization review decision is upheld.

**Group medical psychotherapy 1x per 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 (ODG) Mental Illness and Stress Chapter Group therapy.

**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, see also see also group therapy: 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) recommends 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 group medical psychotherapy one time a week for six weeks, the request was not certified by utilization review. Ur provided the same rationale for non-certification of this request as it did for the request for medical hypnosis stating that: "this modality is generally utilized for patients with a diagnosis of posttraumatic stress disorder. This patient does not present with a diagnosis of post traumatic stress disorder. Therefore the medical necessity is not established in accordance with current evidence-based guidelines." 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. RE Group format ODG Recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular & of group therapy over other types. See also PTSD psychotherapy interventions. In a letter of appeal from November 9, 2015 from the patient's psychologist treating office it is noted that a August 20, 2013 report recommends the patient continued group psychotherapy and a weekly basis for one year and on a biweekly basis for six months, and then on a monthly basis for an additional six months. It also refers to a report from [REDACTED] April 3, 2015 and that utilization review has been denied treatment since October 2013. According to the provided medical records, the patient has been receiving psychological treatment from the requesting treating provider. A treatment progress note from June 29, 2015 was found and discusses current symptoms, and treatment goals. There is no specific mention of how much treatment the patient has received to date. Official disability guidelines recommend a course of psychological treatment for most patients to consist of 13 to 20 sessions. According to the industrial guidelines, with regards the use of medical hypnotherapy and relaxation training the total quantity of sessions should be contained within the total quantity of cognitive behavioral therapy psychotherapy sessions. In cases of very severe major depressive disorder or PTSD, additional sessions can be offered contingent upon the establishment of medical necessity and documentation of patient improvement because of treatment. There is no specific information provided regarding the use of hypnotherapy relaxation training in terms of outcome, for example is the patient able to utilize the techniques independently at home. How deep or how relaxed does the patient get and does not provide relief for the patient. There are no objective measured indices of functional improvement provided as a direct result of prior psychological treatment. Treatment goals are repeated but there is no indication of progress or goals achieved based on prior sessions. Medical necessity of the request is not established due to insufficient information regarding the quantity of treatment the patient has received to date in conjunction with insufficient evidence of patient benefit including objectively measured functional improvement. For these reasons, the medical necessity is not established and therefore utilization review decision is upheld.