

<b>Case Number:</b>	CM15-0033194		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 29 year old female, who sustained an industrial injury on 5/6/13. She has reported pain in the left shoulder, neck and back. The diagnoses have included depression, anxiety, insomnia, left shoulder tendinosis and C5-C6 disc bulge. Treatment to date has included physical therapy, acupuncture and oral medication. As of the PR2 dated 12/15/14, the injured worker reports persistent pain that interferes with her ADL's and sleep patterns. The treating physician requested medical hypnotherapy/relaxation and group psychotherapy. On 1/20/15 Utilization Review non-certified a request for medical hypnotherapy/relaxation and group psychotherapy. The utilization review physician cited the ODG guidelines for mental illness and stress. On 2/23/15, the injured worker submitted an application for IMR for review of medical hypnotherapy/relaxation and group psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy relaxation:** 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).

**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, hypnosis chapter March 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. 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 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. Decision: The medical necessity of this request could not be established by the documentation provided for consideration. The total quantity of sessions that the patient has received to date is unknown. According to a treatment progress note from January 26, 2015 the patient has been receiving relaxation techniques and finds it helpful with her sleep and she reports feeling sad and anxious. According to a progress note from January 26, 2015 the patient has made some progress towards current treatment goals as evidenced by: improved mood with treatment and decrease frequency and intensity of symptoms. Patient's current emotional condition remains stable of psychotherapy interventions." The quantity of sessions being requested was non-specified. The quantity of sessions already received was non-specified as well. Continued psychological treatment is consistent upon documentation of significant patient symptomology. It is also necessary in order to determine medical necessity of the requested treatment to know the total number of sessions at the patient has received to date. In addition it is necessary to know the total quantity of sessions being requested. In this case both are unknown. According to MTUS guidelines the total number of sessions of hypnosis/relaxation should be contained within the total number of psychological treatment sessions. Due to insufficient information the medical necessity of this request is not established and therefore the utilization review determination for non-certification is upheld.

**Group medical psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment, see also cognitive behavioral therapy Page(s):

101-102; see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 2015 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. Decision: According to the utilization review determination for non-certification rationale was stated as: "individual psychotherapy and medication management have not been attempted."The utilization review rationale for non-certification is an accurate reason for non-certification. It is not necessary that the patient receive individual psychotherapy and medication management prior to receiving psychological treatment. However, in this case there was insufficient documentation of the medical necessity of the requested treatments to warrant the overturning of the utilization review determination for non-certification for several reasons. The review itself is nonspecific for quantity. All requests for psychological treatment reaching IMR (which cannot be modified) need to have a specific quantity of sessions being requested so that it can be properly considered. Continued psychological treatment is contingent upon the total number of prior sessions being consistent with MTUS/ official disability guidelines. These guidelines state that for most patients a course of treatment consisting of 13 to 20 sessions is appropriate however in some cases additional sessions up to 50 may be offered as long as there is significant documentation of patient benefit and improvement/progress in treatment. Medical records that were provided were insufficient in documenting patient benefit and progress in treatment from an unspecified quantity of prior sessions. There was no evidence of objectively measured functional changes as a result of prior treatment, although a progress note from December 15, 2014 states: "Some improvement in managing emotional symptoms and patient current emotional condition remains stable was psychotherapy interventions." In addition the quantity of prior sessions that the patient has already received was not provided in a clearly stated fashion that would allow for determination of whether additional sessions are medically necessary. Based on the date of her initial psychological assessment it appears she may not have exceeded ODG recommendations of maximum quantity as of the date of this request but this could not be established. Unspecified

quantity of sessions is essentially the equivalent of unlimited sessions. Additional treatment may be appropriate for this patient however based on the documentation provided it was not established as such. The medical necessity of unlimited sessions was not established and therefore the utilization review determination for non-certification is upheld.