

Case Number:	CM15-0051081		
Date Assigned:	03/24/2015	Date of Injury:	07/24/2010
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 53-year-old female, with a reported date of injury of 07/24/2010. The diagnoses include major depressive disorder, generalized anxiety disorder, insomnia, and stress-related physiological response affecting headaches. Treatments to date have included psychological treatment, oral medications, physical therapy, and aqua therapy. The progress report dated 02/09/2015 indicates that the injured worker had difficulties with sleep due to persisting pain and excessive worries. She has had persisting pain in her lower back. The injured worker reported feeling socially withdrawn and isolated. The objective findings include sad and anxious mood; depressed affect; bodily tension; apprehensive; tearful; and preoccupied with physical limitation and pain levels. The treatment goals were to decrease frequency and intensity of depressive symptoms; increase engagement in visual activities and social interactions; increase levels of motivation and hopefulness; improve duration and quality of sleep; decrease frequency and intensity of anxious symptoms; develop and implement appropriate stress management skills; develop rational thoughts about levels of pain and stress; and increase the use of appropriate pain control methods to manage levels of pain. The treating physician requested medical hypnotherapy/relaxation and group medical psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation x 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: hypnosis. 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 medical records provided do not support the requested treatment modality as being medically necessary. There is insufficient documentation regarding this patient's prior psychological treatment to determine whether or not additional sessions would be appropriate. There is no report of the total quantity of sessions that the patient has received to date. It appears that she has been treated previously by another psychologist with similar treatment modalities and it is unclear how long she's been treating with the current requesting psychologist. The official disability guidelines treatment guidelines state that hypnosis is recommended as an option as an adjunct of procedure in the treatment of PTSD. This patient is not have PTSD according to the medical records provided. In addition, the total number of visits to be contained within the total number of psychotherapy visits. Because the total number of psychotherapy visits has not been provided consideration is not clear whether or not the request for 12 additional sessions would exceed treatment guidelines. Current treatment guidelines suggest that 13-20 visits maximum is a typical course of treatment for most patients. In some severe cases of major depressive disorder/PTSD additional sessions up to 50 can be authorized with evidence of patient benefit. There is insufficient evidence of patient benefit from prior medical hypnotherapy sessions. No objectively measured indices of change were provided, treatment progress was listed as: "patient reports improved mood with treatment, decreased frequency and intensity of symptoms, and patient's current emotional condition remained stable psychotherapy interventions." This does not meet the definition of objectively measured functional improvements. In addition, there are no treatment goals with specific expected dates of accomplishment, nor is there any indication of what treatment goals have been accomplished and when they were accomplished. Additional psychological treatment is not supported by the documentation provided as medically necessary. Is unclear why the patient is needing additional medical hypnosis what symptoms are being addressed with it and whether or not she has been trained to achieve relaxation and pain management independently with a specific plan in place with dates to transition her to independent use of this treatment modality. Medical necessity typically involves all 3 of the following: significant patient psychological symptomology wanting continued intervention, total quantity of sessions provided to date consistent with

MTUS/official disability guidelines, and documentation of patient benefit from prior treatment including objectively measured functional improvements. Because the conditions for establishing medical necessity were not established, the utilization review determination for non-certification is upheld. Therefore, the requested treatment is not medically necessary.

Group medical psychotherapy x 12: 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 Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: 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 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) 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. The documentation provided for consideration for this review does not support the medical necessity of additional psychological treatment due to insufficient documentation. The total quantity of sessions at the patient has received to date is not been provided for consideration. This information is needed in order to determine whether 12 additional sessions is consistent with MTUS/official disability guidelines. Current treatment guidelines for psychological treatment suggest that a maximum course of psychological treatment consisting of 13-20 sessions is supported with documentation of objectively measured functional improvement and patient benefited from prior treatment. Because the total course of treatment that the patient has received already to date is unknown additional sessions cannot be determined whether or not they are consistent with these guidelines. In addition, it appears the patient has received substantial amounts of psychological treatment already and prior to the current requesting psychological treatment provider this actively engaged in a psychological

treatment with a different provider. This it appears that the patient is already received more than the maximum quantity of sessions recommended by the medical guidelines. Because the medical necessity has not been established, the utilization review determination for non-certification is upheld. Therefore, the requested treatment is not medically necessary.