

Case Number:	CM15-0084564		
Date Assigned:	05/08/2015	Date of Injury:	03/19/2004
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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 68-year-old female who sustained an industrial injury on 3/19/04. The injured worker was diagnosed as having right knee medial compartment and patello-femoral compartment arthritis associated with a significant varus deformity and left knee medial compartment and patello-femoral compartment arthritis associated with a significant varus deformity. Currently, the injured worker was with complaints of bilateral knee pain. Previous treatments included oral pain medication, use of a cane; status post left knee arthroscopy (2004), status post right knee arthroscopy (2005), Synvisc injections (3/23/14) and cortisone injections. Physical examination was noted as right knee with mild medial patellar facet tenderness, mild medial joint line tenderness and mild lateral joint line tenderness; left knee with mild patella- femoral crepitus, mild medial patellar facet tenderness, mild medial joint line tenderness and mild lateral joint line tenderness. The plan of care was for cognitive behavioral psychotherapy sessions and relaxation training hypnotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Psychotherapy Sessions (1 time per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 400-401, Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychotherapy guidelines.

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; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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 co-morbid 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. Decision: A request was made for 6 cognitive behavioral psychotherapy sessions to be held one time per week, the request was non-certified by utilization review with the following provided rationale: "Is unclear from the March 30, 2015 progress note whether the patient has attended any psychotherapy and or hypnotherapy. An attempt to obtain this information was unsuccessful. An attempt at a peer-2-peer conversation was unsuccessful. While the ODG allows for psychotherapy and hypnotherapy (contained within the total number of psychotherapy visits) are unclear how many sessions the patient has already attended. The requests for psychotherapy and hypnotherapy are therefore non-certified." This IMR will address a request to overturn that decision. According to the provided treatment progress notes the patient was psychologically evaluated on September 26, 2006. She had a psychiatric consultation report on April 16, 2007 that indicated she was participating in all psychological treatment modalities as recommended by the psychologist. A psychological treatment progress report from January 30, 2015 describes the patient's current psychological symptoms as well as several treatment goals. Treatment progress is listed as "patient has made some progress towards current treatment goals as evidenced by patient reports of improved mood. While treating with psychiatrist, she felt less sensitive and emotional and cried less frequently." 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 session including objectively measured functional improvement. The provided medical records do not establish the medical necessity of the requested treatment modalities. The official disability guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum with an exception can be made in rare cases of severe major depression/ PTSD. The provided medical records do not state explicitly how many treatment sessions the patient has received to date. The treatment records provided do not reflect sufficient objectively measured functional improvement based on psychological treatment already received. For these reasons, the medical necessity of continued psychological treatment is not established and therefore the utilization review determination for non-certification is upheld. This request is not medically necessary.

6 Relaxation Training Hypnotherapy Sessions (1 time 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: Hypnosis.

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, topic: hypnosis. March 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 6 Relaxation training/hypnotherapy sessions to be held one time per week, the request was non-certified by utilization review with the following provided rationale: "Is unclear from the March 30, 2015 progress note whether the patient has attended any psychotherapy and or hypnotherapy. An attempt to obtain this information was unsuccessful. An attempt at a peer-2-peer conversation was unsuccessful. While the ODG allows for psychotherapy and hypnotherapy (contained within the total number of psychotherapy visits) are unclear how many sessions the patient has already attended. The requests for psychotherapy and hypnotherapy are therefore non-certified." This IMR will address a request to overturn that decision. According to the provided treatment progress notes the patient was psychologically evaluated on September 26,

2006. She had a psychiatric consultation report on April 16, 2007 that indicated she was participating in all psychological treatment modalities as recommended by the psychologist. A psychological treatment progress report from January 30, 2015 describes the patient's current psychological symptoms as well as several treatment goals. Treatment progress is listed as "patient has made some progress towards current treatment goals as evidenced by patient reports of improved mood. While treating with psychiatrist, she felt less sensitive and emotional and cried less frequently." 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 session including objectively measured functional improvement. The provided medical records do not establish the medical necessity of the requested treatment modality. The official disability guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum with an exception can be made in rare cases of severe major depression/PTSD. According to the official disability guidelines, about use of hypnosis and relaxation therapy the total quantity of sessions should be contained within the total number of psychotherapy sessions. The provided medical records do not state explicitly how many treatment sessions the patient has received to date. The treatment records provided do not reflect sufficient objectively measured functional improvement based on psychological treatment already received. The treatment progress notes do not mention whether or not the patient has learned to use these techniques independently at home. It appears that she has received many years of psychological care although this could not be completely confirmed via the medical records, psychological treatment notes spanning over a decade were found. For these reasons, the medical necessity of continued psychological treatment is not established and therefore the utilization review determination for non-certification is upheld. This request is not medically necessary.