

<b>Case Number:</b>	CM15-0088303		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 44-year-old female with an industrial injury dated 07/30/2012. Her diagnoses included major depressive disorder. Prior treatment included physical therapy and chiropractic treatment for her medical injury. She also received psychological evaluation and treatment. Her initial injury on the above date was a low back injury. She developed psychiatric symptoms and was referred for an evaluation. She presents on 04/06/2015 with complaints of persisting pain and headaches that interfere with her usual tasks. She is also complaining of feeling sad, tired, nervous and stressed. She tends to remain socially withdrawn and lacks confidence in herself. She notes sleep difficulties and crying spells. Objective findings note the injured worker to be sad and anxious and pre-occupied with physical symptoms. She appeared tired and apprehensive. She exhibited poor concentration and bodily tension. The treating psychologist notes the injured worker had made some progress towards current treatment goals as evidenced by reports of improved mood and ability to relax. Treatment plan included cognitive behavioral group psychotherapy and hypnotherapy to help the injured worker manage stress and/or levels for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Medical Psychotherapy 1 x 8 sessions: 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; 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 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. Decision: a request was made for group medical psychotherapy 8 sessions to be held one time per week, the request was non-certified by utilization review with the following rationale provided: "There is limited evidence of detailed response to previous psychological treatments to include objective and functional improvement. Is unclear if the claimant demonstrates any progress a change in status given the ongoing complaints despite psychological treatment since 2012. In addition, the total number of completed psychotherapy sessions to date is unclear. In the absence of clear documentation of positive response to treatment, the requested intervention is not established." This IMR will address a request to overturn that decision. According to an appeal letter from the primary treating psychologist, the patient has attended 17 cognitive behavioral therapy group psychotherapy sessions from the period of time from June 18, 2014 through the date of request May 7, 2015. It is noted in the appeal letter that 36 sessions were recommended according to a June 18, 2014 PQME. 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 medical necessity the requested treatment is not established by the provided documentation. It could not be definitively determined how much treatment the patient has received since the start of psychological treatment commenced in 2012. Although it is indicated in the letter that the patient has received only 17 sessions, this represents only a portion of the period of time that the patient has been in treatment and is not a comprehensive statement of all of the treatment

sessions that have been provided to date. Treatment guidelines recommend a total of 13 to 20 sessions for most patients with an exception to allow additional sessions in cases of severe psychopathology which does not appear to apply. In addition, the treatment progress notes provided are very nonspecific with regards to patient benefited from prior treatment there is no clearly objectively measured treatment outcome indices comparing before and after treatment patient psychological status nor is there a discussion of objective functional improvement that has been achieved and when it was achieved. Treatment goals are listed but there's no dates of estimated accomplishment nor is there any statement of when prior goals were accomplished and what they might of been. Without knowing how much treatment the patient has already received, it is not possible to determine whether additional sessions are medically appropriate per MTUS/ODG guidelines. Because medical necessity the request is not established the utilization review determination is not medically necessary.

**Medical Hypnotherapy/relaxation 1 x 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official disability guidelines, chapter: mental illness and stress, 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. The medical necessity the requested treatment could not be established. There is no clear statement of the total quantity of sessions at the patient has received to date. Treatment progress notes are provided and found readily in the medical records however, they do not state the total quantity of sessions received nor do they reflect the use of this treatment modality as a separate treatment and what the impact has been on the patient in terms of increased functional improvements. There is no indication in the medical records regarding to what extent the patient is able to achieve states of deep relaxation during the course of treatment as well as at home when facing episodes of pain. There is no discussion or indication that the patient is being trained to do relaxation training independently and to what extent this has been achieved. Patients should become increasingly capable of practicing relaxation training techniques independently however there is no indication of this process being attempted in the medical records. For this reason, the medical

necessity of the requested treatment is not established and therefore the utilization review determination for non-certification is upheld. Decision: A request was made for medical hypnotherapy/relaxation training. The request was non-certified by utilization review with the following provided rationale for the decision: "The claimant was evaluated by a psychologist and received a course of group and individual therapy with benefit in 2012 it is noted that the claimant has made some progress towards current treatment goals. However, the details regarding specific response to prior and current care are somewhat limited. While there are subjective reports of improvement with previous treatment, there is limited evidence detailing the specific objective response to prior relaxation training/hypnotherapy." This IMR will address a request to overturn that decision. This is not medically necessary.