

<b>Case Number:</b>	CM14-0125367		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Clinical Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this IMR, this 55 year and 11 month old male patient reported a work-related injury that occurred on July 28, 2011 during his normal and customary work duties for the [REDACTED] as a Computer Systems Operator where he had worked since 1980. No specific body part was injured and the claim is related to his psyche. He explained that six months prior to his injury he was transferred to the [REDACTED] to work on a mainframe computer system which he did not have training on but was handed the manual and instructed to start working on his own. He began to feel anxiety and stressed with symptoms of headache and dizziness, and unable to sleep because he did not know how to operate system and was fearful that he might make a mistake that would "crash the system." He was then returned to his old position, and gradually over a period of time introduced more slowly for a few hours a day on the new system eventually increasing up to six hours a day on the new system and two hours on the old. To have stress-related symptoms: headache, dizziness, tension, nervousness, upset stomach and trouble focusing. He continued to work during this time reported needing to take time off from work due to anxiety. He reports depression because of his job situation and stated: "they just threw be in there without any training ...and every time I think about it I get depressed." His anxiety levels as he has been required to continue to work on the new system and reports having lost 6 pounds feeling tense and worried and having difficulty relaxing and sleeping. He mentioned using relaxation exercises and techniques that he has learned in therapy and taking medication to cope. In February 2012 he reported receiving psychiatric treatment one time a month for medication management for sleep and anxiety and mental health symptoms, and seeing a psychologist twice a month for psychotherapy and states that the treatment has helped alleviate his depressed mood and anxiety somewhat, and help them to relax, and to sleep better by maintaining a constant schedule. Total number of sessions and duration of treatment

was not provided. He was diagnosed with: Depressive Disorder, Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified; Insomnia Related to Anxiety Disorder Not Otherwise Specified; and Psychological Factors Affecting Medical Condition (Diabetes, Headaches); Axis II: Personality in Specific Developmental Disorders. There are several alternative and conflicting other diagnoses. A request for 3 three different psychological treatment modalities was made, and all of them were non-certified. The utilization review rationale for non-certification was described as due to prolonged prior treatment exceeding 3 years in duration; this IMR will address a request to overturn these decisions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Office Visits 1 x week for 6 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Office Visits, June 2014 Update.

**Decision rationale:** The ACOEM guidelines for follow-up visits state that: "the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy and whether the patient is missing work... Generally, patients with stress -related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications and other concerns." Regarding office visits, the official disability guidelines state: "that outpatient visits to the offices of medical doctors play a critical role the proper diagnosis and returned a function of an injured worker and they should be encouraged. The need for a clinical office visit with a health care provider utilized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires ritualized case review and assessment, ever mindful that the best patient outcomes are achieved with the eventual patient independence from the health care system true self-care as soon as clinically feasible." The medical records regarding prior office visits do not reflect any movement towards patient independence or self-care nor do they discuss this issue or specify it as a treatment goal. This patient has already had an unspecified number but extensive quantity of office visits over a three-year period. Treatment progress does not reflect objective functional improvement, nor significant change from month-to-month. Treatment goals were not updated from month-to-month and no specific end date was provided. This request is for approximately 24 additional office visits and the medical necessity of the request was not established or supported by the documentation provided and therefore the original utilization review non-certification decision is upheld.

**Group Medical Psychotherapy 1 x Week for 6 Months:** 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 Behavioral Interventions, Psychological Treatment; Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

**Decision rationale:** According to the CA-MTUS guidelines, psychological treatment is: "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles and assessing psychological and cognitive functioning, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The ODG cognitive behavioral therapy (CBT) guidelines for chronic pain state: "screen patients with risk factors for delayed recovery, including fear avoidance beliefs... Initial therapy for these " at risk" patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. Consider separate CBT referral after four weeks if a lack of progress from physical medicine alone: initial trial of 3 to 4 psychotherapy visits over a two-week period and with evidence of objective functional improvement a total of up to 6-10 visits over a 5-6 week period of individual sessions may be offered. In the Mental Illness and Stress Chapter of the ODG 13-20 sessions can be offered if progress in treatment is being made. This treatment request is for 1 visit per week for 6 months this is the equivalent of 24 sessions and exceeds the maximum recommended guidelines that apply for most patients. The request is excessive in both quantity and the duration of time that it covers, and thereby does not allow for proper ongoing assessment of medical necessity. ODG guidelines state that: "the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued appropriate). The utilization review rationale for non-certification mentions that the patient has attended psychological treatment for nearly 3 years beginning in August 2011 and has attended 65 group therapy sessions. Even without the request for an additional 24 sessions, the patient is already greatly exceeded the maximum recommended number of sessions. Medical records do not substantiate or attempt to address the issue of why an extreme exception should be made that would bring the total number of sessions to 89. Official disability guidelines do allow for a provision "in cases of Severe Major Depression or PTSD, up to 50 sessions if progress is being made." This injured worker does not meet the diagnostic criteria for either of these mental disorders, and even if so, they still would greatly have already exceeded the total number of sessions recommended without this additional request considered into the total. Treatment progress notes do not reflect significant progress being made in terms of objective functional improvement, nor do they indicate treatment goals designed to facilitate the patient's ability to utilize techniques and coping skills independently which would reasonably have been expected to be accomplished after a lengthy course of treatment. Treatment goals do not reflect progression being made during the course of treatment, do not have a specific goal date, and do not meet the definition of objective functional improvement. Therefore the request for 24 additional sessions is not substantiated as medically necessary and the utilization review decision is upheld.

**Medical Hypnotherapy/Relaxation Treatment 1 x Week for 6 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation; Mental Illness & Stress Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter: topic Hypnosis June 2014, update.

**Decision rationale:** MTUS guidelines are non-specific for "Medical Hypnotherapy/relaxation treatment" but the Official Disability Guidelines (ODG) do state that hypnosis is a recommended procedure for PTSD and that the number of sessions should be contained within the total number of psychotherapy visits. The above discussion of psychotherapy sessions is relevant here as well and the recommend guidelines of 13-20 sessions would also apply. The patient has already been provided more than the maximum recommended number of sessions. This patient has not been diagnosed with PTSD. The ACOEM chapter on stress-related conditions describes the use of relaxation techniques such as meditation, biofeedback, and autogenic training as helpful for chronically stressed populations. They do not specifically address the number of sessions that should be offered but presumably would also be between 13-20 for most patients. The treatment records that were provided do not discuss any of his prior "medical hypnotherapy/relaxation treatments. Expected discussions regarding how relaxed and responsive the patient was to treatment including duration of anxiety and stress relief, as well as the patient's ability to engage in the same affect at home, and any progress towards independent use of the relaxation techniques was not provided either. Continued authorization of is contingent on documented objective functional improvements. There was no evidence of these, nor was there evidence of significant progress towards treatment goals being made, and the treatment goals did not appear to change at all during the course of treatment. Therefore the medical necessity of more treatment has not been established by the medical records that were provided for this independent review and cannot be authorized.

