

<b>Case Number:</b>	CM14-0151944		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 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 provided for this independent medical review, this 44-year-old female injured worker has a reported date of a work-related injury on October 17, 2006. The injury occurred during her normal and usual work duties as a manager accountant for World Exchange Inc. she suffered a chronic pain injury and as a result psychological symptomology subsequently manifested. Her pain consists of low back pain radiating into the right leg, persistent right leg pain. She also reports headache as well as work related stress that she experienced and depression in conjunction with her low back pain. Her work duties included bookkeeping filing, computer data entry, and computer work. She experienced a sharp pain in her low back region while retrieving a document from a file cabinet. She was unable to move after the injury and was taken by ambulance to Torrance Memorial Medical Center emergency room. Psychologically, she has been diagnosed with: Major Depressive Affective Disorder, Single Episode, Mild; Generalized Anxiety Disorder. She reports poor sleep with frequent interruption during the night, feeling sad and discouraged with low energy and motivation and a decreased interest in activities she once enjoyed. She feels irritable and angry and has difficulty with concentration and memory and objectively appears sad and anxious. There is also anxiety and preoccupation with her physical condition and future. A treatment progress report from her primary psychologist dated December 20, 2013 states that she is attending group therapy and treating with psychiatrist and finds both helpful with her mood and sleep but that sleep continues to be disrupted by pain and worry and she continues to experience pain that affects her ability to engage in activities of daily living causes her to feel discouraged and sad, but finds group helpful with social interaction and increasing efficiency and hope. Treatment goals include decreasing intensity and frequency of anxiety and depressive symptoms and increasing motivation and hopefulness and quality of sleep duration. Treatment progress is reported as: open quotation improved mood with medication and

group psychotherapy." The treatment plan at that time was for 12 additional sessions of both group cognitive behavioral therapy and relaxation training/therapy. Nearly identical progress note was found from March 2014 but also discusses suicidal ideation, with same treatment goals and same progress noted. In late April 2014 there was a note that she is feeling: "less isolated and had decreased death thoughts with treatment." A CT of the brain conducted on May 28, 2014 revealed right frontal sinus but otherwise normal brain image. There appears to be a prior course of psychological treatment that occurred in 2012.

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

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

#### **Cognitive Behavioral Group Psychotherapy 1x6 (1 time a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

**Decision rationale:** I reviewed the injured worker's medical records and tried to determine the total number of sessions that the injured worker has already received. It was not possible to do so because the medical records were only dating back 2013 but it's clear that she has had psychological treatment in 2013 continuous through May 2014 at a very minimum which of she attended one time per week would amount to six months of treatment. It does appear that there was also another round of therapy in 2012. No comprehensive summation of the injured worker's psychological treatment since her injury eight years ago she appears to have had extensive psychological therapy and treatment to date. Current treatment progress notes do not reflect progress is the definition of objective functional improvement. According to Official Disability Guidelines, patients who are making progress in treatment may have a maximum of 13-20 sessions except in some cases a very extreme/severe major depression in which case up to a maximum of 50 sessions total may be offered. While it may be that the injured worker does meet these latter criteria, the total number of sessions that she has had to date was not provided, and the progress that she has been making in treatment does not meet the criteria for objective functional improvement. It also appears that she has had two years of treatment and most likely has already the maximum number of sessions that is a recommended in the most extreme and severe cases that are usually related to posttraumatic stress disorder. The finding of this independent medical review is that additional treatment sessions are not medically necessary.

#### **Relaxation Training/Hypnotherapy 1x6 (1 time a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Mental/Stress Chapter: topic Hypnosis June 2014, update page 21.

**Decision rationale:** The ACOEM describes relaxation techniques such as the use of meditation, biofeedback, autogenic training is helpful for chronically stressed populations. They do not specifically address the number of sessions that should be offered and the MTUS guidelines are non-specific for Hypnosis and relaxation therapy but the Official disability guidelines (ODG) do state that hypnosis is a recommended procedure for PTSD. The number of sessions should be contained within the total number of psychotherapy visits. The above discussion of psychotherapy sessions is relevant here in the guidelines of 13-20 sessions apply. It is unclear whether or not the more generous criteria of up to 50 sessions lies in this case but even if it does there is absolutely no treatment records for her participation in this modality. The treatment records that were provided appeared to only address for cognitive behavioral therapy treatment and not her hypnotherapy there is no indication of how relaxed she got how responsive she if home training has been taught and her response to attempts to teach her to engage in home training of relaxation. Continued authorization of psychological sessions is not contingent solely upon injured worker symptomology but also demonstrated documented objective functional improvements. There was no evidence of this being made, there was no 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. In addition her past psychological treatment history is not been needed in any significant detail in this request and she has had over eight years since her injury and it appears at least another round of treatment in 2012 and presumably additional treatment rounds in prior years but this is unclear. In addition, recently she appears to have had perhaps up to two years of treatment at this point therefore the medical necessity of more treatment has not been established. Given the above, the request for Relaxation Training/Hypnotherapy 1x6 (1 time a week for 6 weeks) is not medically necessary.