

<b>Case Number:</b>	CM14-0184697		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 as they were provided for this IMR, this is a 51 year and 11 month old male who reported an industrial injury that occurred on September 22, 2008. He reportedly sustained injury on a continuous basis while employed with [REDACTED] as a painter: "developing pain and discomfort in the upper extremities in 2007 and underwent multiple surgeries and conservative treatment" he continues to report pain bilateral shoulders worse in the left side. He is about 5-6 months status post repeat left shoulder arthroscopic with repeat sub-acromial decompression, distal clavicle resection arthroplasty and debridement of a full rotator cuff tear. This IMR will address his psychological symptomology as it pertains to the requested treatment. Psychologically, he has been diagnosed with: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder; Insomnia. A psychological progress note from March 2014 states that he complains of persistent pain but is better able to manage his anxiety and anger. He notes improvement in motivation and social functioning. He continues to feel emotional and sad. He worries about the future and his financial circumstances. He feels angry and irritable, frustrated with physical pain and limitations but notes improved sleep. Objective findings are that he is more hopeful and optimistic and is less tense and apprehensive but continues to be sad and anxious. Treatment goals are decreasing frequency and intensity of depressive and anxious symptoms and increasing duration and quality of sleep. Progress to date on treatment: "some improvement in sleep and emotional condition, better able to manage anger and anxious symptoms, some improvement of social functioning and motivation to do things." No date of expected completion of these treatment goals was provided. The treatment plan at that time was for 6 more sessions of cognitive behavioral group psychotherapy and relaxation training/hypnotherapy. A nearly identical progress report from May 2014 was found. In June 2014 a progress note states that he is "better able to cope with

stressors with treatment." A progress note from August 2014 states the patient reports "improved mood, assertive communication and ability to cope with stressors due to treatment." Continued treatment is needed according to the primary psychologist for "current symptoms of depression and anxiety." A note in his records states he participated in group session on January 23 and February 27, 2014. A psychiatric progress report from March 2014 states that the patient is reporting "poor sleep overall but that it is better than before and he is attending groups and finds it helpful and denies anxiety (improved on Risperdal) mood and affect are described as normal and appropriate, and he is taking Prozac 60 mg and Risperdal 0.5 mg b.i.d." The request was made for 8 sessions of group cognitive behavioral therapy, and 8 sessions of relaxation training/hypnosis; the requested treatments were non-certified, this IMR will address a request to overturn that decision.

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

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

**Cognitive Behavioral Group Psychotherapy 1 Session Per Week for 8 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, 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, November 2014 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 measureable/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. With respect to the current requested treatment, the medical necessity was not established. The total quantity and treatment duration was not clearly documented or stated for this review, however the patient appears to have already exceeded the recommended

guidelines. Progress notes reflect these been actively participating in treatment throughout 2014. His participation in treatment from 2008-2013 is unclear. Treatment guidelines recommend 13-20 sessions for most patients. Evidence reflecting the need for an extended courses of treatment based on severity of psychological symptomology was not documented. The medical necessity for the requested treatment was not established given the extended length of treatment duration already provided. Treatment goals are repeated from month-to-month without any changes or expected dates of completion. Treatment goals do not reflect ongoing progress being made in helping the patient to developing skills that will lead to independently dealing with pain symptoms. Although the progress notes do mention some limited progress, they do not reach the threshold of objective functional improvements. The medical necessity for the requested Cognitive Behavioral Group Psychotherapy was not established. Cognitive Behavioral Group Psychotherapy is not medically necessary.

**Relaxation Training/Hypnotherapy 1 Session Per Week for 8 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis, November 2014 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. Regarding this request for an 8 sessions of medical hypnotherapy, there was no rationale stated for the request. There was no discussion of why this particular intervention was being requested for this particular patient. Hypnosis is described as being recommended is a procedure for patients with PTSD. There is no indication that this patient has PTSD. The use of relaxation therapy/hypnotherapy for depression or anxiety is redundant with his treatment of group cognitive behavioral therapy. No specific outcome information was provided with regards to prior sessions of this treatment modality. The total duration of prior treatment sessions and quantity was not provided. But it does appear that the patient has been participating in this treatment modality for over a year. The medical necessity of continued treatment using this modality was not established is not supported as being medically reasonable by the documentation provided for this review. The requested Relaxation Training/Hypnotherapy is not medically necessary.

