

<b>Case Number:</b>	CM14-0085381		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Occupational Medicine 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:

The patient is 47-year-old female who was injured on 09/02/2011 while lifting bales of newspapers and throwing papers from a car. Prior treatment history has included physical therapy and home exercise program. According to the UR, the patient presented to the office on 05/05/2014 and reported improvement in emotional conditions and sleep. The patient's mood has improved as well as his motivation and social functioning. As the patient has made progress, she was recommended cognitive behavior group psychotherapy, one session per week; relaxation training; and hypnotherapy. This report is not available for review. Prior utilization review dated 05/21/2014 states the request for CBT. Sessions 1x6 is denied as medical necessity has not been established; Relaxation/Hypnotherapy Sessions 1x6 is denied as medical necessity has not been established; Office Visits X 3 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT SESSIONS 1X6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological treatment Page(s): 23;101-2.

**Decision rationale:** According to MTUS guidelines, behavioral interventions are recommended. "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence....ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain. Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)"In this case a request is made for 6 sessions of cognitive behavioral therapy for a 47-year-old female injured on 9/2/11 with chronic pain. The patient failed physical therapy. However, CBT appears to have been tried previously in 2013. History and examination findings do not demonstrate objective functional improvement. In the event an adequate initial trial of CBT was not previously done, 4, not 6, visits are not medically necessary.

**RELAXATION/HYPNOTHERAPY SESSIONS 1X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Hypnosis

**Decision rationale:** MTUS guidelines do not specifically address the request. According to ODG guidelines, hypnosis is "recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. (2008) Data to support the efficacy hypnosis for chronic low back pain are limited. This pilot study indicated that a brief, 4-session standardized self-hypnosis protocol, combined with psycho-education, significantly and substantially reduced pain intensity and pain interference, but follow-up data suggest that these benefits may not have been maintained across time, so these findings need to be replicated and confirmed in a larger clinical trial to assess the long-term effects of this treatment. (Tan, 2010) The findings of this trial supported greater benefits effects from self-hypnosis training compared to cognitive training on average pain intensity, but the combined hypnosis-cognitive restructuring intervention appeared to have beneficial effects greater than the effects of either cognitive restructuring or hypnosis alone. ODG Hypnotherapy Guidelines:- Initial trial of 4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions)"In this case a request is made for 6 sessions of relaxation/hypnotherapy for a 47-year-old female injured on 9/2/11 with chronic neck, back and upper extremity pain. Hypnotherapy does not appear to have been previously attempted. An initial trial of 4 visits over 2 weeks is recommended. Medical necessity for 6 visits is not medically necessary.

**OFFICE VISITS X 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Pain, Office visits

**Decision rationale:** According to ODG guidelines, office visits are "recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established." In this case a request is made for 3 office visits for a 47-year-old female injured on 9/2/11 with chronic pain. However, the decision for a subsequent office visit may be made one at a time. Therefore, the request is not medically necessary.