

Case Number:	CM15-0113240		
Date Assigned:	06/19/2015	Date of Injury:	01/20/2014
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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 male who sustained an industrial injury on 01/20/2014 resulting in injury to the neck, upper extremities, chest, left knee, head and back with further psychological injury. Treatment provided to date has included: physical therapy, medications, psychological evaluation with 1 (one) group treatment, and conservative therapies/care. Diagnostic tests performed include: x-rays, MRIs of the left arm, left knee and low back. Other noted dates of injury documented in the medical record include: 1990, 2003 and 2012. There were no noted comorbidities or other dates of injury noted. On 03/09/2015, physician progress report noted physical complaints of neck and low back pain with a pain severity rating of 5/10 (0-10). Additional complaints included headaches and insomnia. On 01/14/2015, the injured worker underwent a psychological evaluation where he reported feeling sad, tired, hopeless, helpless, lonely, irritable, dizzy, restless and tense, as well as feeling nervousness and frightened without cause. He reported having difficulty remember things, making decisions and concentrating. There was also reported decreased sexual desire, lack of motivation and lack of interest in usual activities, as well as crying spells, decreased appetite, nightmares about the accident, and difficulty sleeping due to persistent pain and excessive worrying. Physical symptoms reported also included feeling like there is a lump in his throat and feeling like he is choking, headaches, blurry vision, ringing in his ears, sensitivity to light and sound, numbness and tingling throughout his body, and sweating sensations. Objective findings included cooperative with good eye contact, normal speech, psychomotor activity was without evidence of agitation or retardation, soft and emotional speech, sad and anxious mood, preoccupation with

physical limitations and financial difficulties, difficulty remembering recent dates as he noticed a progressive deterioration in his physical and emotional conditions, and occasional deficiency in concentration. Diagnoses included depressive disorder, generalized anxiety disorder, insomnia, and psychological factors affecting medical condition (headaches). The plan of care consisted of 12 weekly sessions of cognitive behavioral psychotherapy, a psychiatric consultation to consider the use of psychotropic medications, 12 weekly sessions of relaxation training and hypnotherapy, and continued treatment for orthopedic condition. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: cognitive behavioral group psychotherapy (once a week for 6 weeks), one office visit, and medical hypnotherapy/relaxation training (once a week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy once a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG cognitive behavioral therapy Page(s): 23.

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. Pages 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: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for cognitive

behavioral group psychotherapy 6 visits, the request was noncertified by utilization review with the following provided rationale: "in this case the claimant underwent psychological evaluation on January 14, 2015. The number of psychological treatment sessions since that date is unknown, and there is minimal documentation of objective functional progress as a result of prior group psychotherapy treatment. Medical necessity for proposed intervention is not established." This IMR will address a request to overturn the utilization review non-certification determination. 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 including objectively measured functional improvements. With regards to the requirement of treatment session quantity, according to a utilization review appeal letter from the primary treating and requesting psychologists office from June 11, 2015 it is noted that the patient has "only attended one group psychotherapy session." According to a psychological progress report from March 30, 2015 from the patient's primary treating psychologist it is noted that he is in need of "continued mental health interventions due to significant symptoms of depression and anxiety." The treatment plan with stated goals is listed however there are no estimated dates of accomplishment attached to this treatment plan. It is noted under progress that "patient is scheduled to begin treatment." As best as can be determined it does not appear that the patient has participated in psychological treatment, or if so has only completed a very few numbers of sessions. It is essential that the total quantity of sessions at the patient has participated in be mentioned on psychological treatment progress notes. Because it does not appear that the patient has participated in psychological treatment in the medical records are apparently consistent with the statement by the primary treating psychologist's office at the patient has only received one session, and because there is a treatment note that states the patient was having difficulty in attending sessions due to transportation costs and difficulties but is now more available, the medical necessity of this request appears to be appropriate and established by the provided documentation. Because the medical necessity the request appears to be appropriate the utilization review determination of non-certification of this treatment request is overturned.

1 office visit: Upheld

Claims Administrator 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 & Stress, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Topic: Office Visits, March 2015 Update.

Decision rationale: The ODG Office Visits, Evaluation and Management (E&M) stating that they are recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in 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 professional is individualized based on a review of the patient's

concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A request was made for one office visit; the request was not certified utilization review with the following provided rationale: "in this case, the claimant is not authorized for additional treatment. Therefore the medical necessity of an office visit is not established." This IMR will address a request to overturn the utilization review non-certification determination. The request for one office visit is viewed as redundant to the above authorization for 6 cognitive behavioral sessions. It is essential that the providing treating psychologist maintain contact with the patient's progress and establish assessment of the patient's treatment effectiveness. This is considered to be a normal usual customary part of the cognitive behavioral therapy session itself and does not warrant a separate authorized session which would be a duplication of services. Therefore the utilization review finding for non-certification is upheld as this request is not determined to be medically necessary.

Medical hypnotherapy/relaxation training once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Criteria for the use of Hypnosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Topic: Hypnosis, March 2015 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. 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 of this request for hypnosis/relaxation therapy is not established by the provided documents. This patient has been authorized for 6 sessions of cognitive behavioral therapy (see above). The use of relaxation therapy and hypnotherapy for chronic pain patients can be an effective tool and is a standard part of cognitive behavioral therapy treatment. The necessity for a separate session of this treatment modality is not adequately established or discussed in the provided medical

records. This treatment modality is contained within the above requested cognitive behavioral therapy sessions and rather than a separate treatment billable modality. Thereby, this request is viewed as redundant and the medical necessity not established; therefore the utilization review determination is upheld.