

<b>Case Number:</b>	CM15-0119027		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 31 year old female, who sustained an industrial injury on 08/24/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having major depressive disorder, anxiety disorder, large herniated ruptured disc at lumbar five to sacral one with compression four of the sacral one nerve root, musculoligamentous strain of the lumbar spine, lack of sleep/insomnia, and fear of surgery. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, psychotherapy, use of relaxation techniques, home exercise program, and medication regimen. In a progress note dated 02/09/2015 the treating psychologist reports improvement in the injured worker's emotional state, but notes complaints of headaches and persistent pain to the low back that radiates to the right leg with associated symptoms of sleep impairment, sadness, and is worrisome secondary to increase in physical symptoms. Examination reveals the injured worker to be sad with an anxiety, apprehensive, has a tired appearance, and bodily tension, but is responsive to treatment. The treating psychologist noted that the injured worker has had progress with current goals seen with the injured worker's improved mood, ability to relax with therapy, use of problem solving skills, and social functioning with treatment. The progress note also indicates that the injured worker's sleep has improved with use of relaxation exercises. The treating physician requested group medical cognitive behavioral psychotherapy with one session per week for fourteen weeks, medical hypnotherapy/relaxation therapy with one session per week for fourteen weeks with the treating psychologist noting that these sessions were recommended during the injured worker's

psychiatric qualified medical evaluation. The treating psychologist also requested a follow up office visit to be performed in 45 days but the documentation did not indicate the specific reason for the office visit.

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

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

#### **Group medical psychotherapy once per week for 14 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that 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 recommend screening for 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 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)The injured worker has been diagnosed with herniated ruptured disc at lumbar five to sacral one with compression of the sacral one nerve root, musculoligamentous strain of the lumbar spine. The chronic pain resulted in psychological injury in form of major depressive disorder, anxiety disorder and lack of sleep/insomnia. It has been suggested that the injured worker has undergone extensive psychotherapy since the injury in 2009. The documentation suggests that she has completed about 90 sessions. The request for 14 more sessions i.e. Group medical psychotherapy once per week for 14 weeks is excessive and not medically necessary.

#### **Medical hypnotherapy/relaxation once per week for 14 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Mental Illness & Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (Chronic) Topic : Hypnosis.

**Decision rationale:** California MTUS states that 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 recommends screening for 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 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); ODG states "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. Data to support the efficacy hypnosis for chronic low back pain are limited." 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); The injured worker has been diagnosed with herniated ruptured disc at lumbar five to sacral one with compression of the sacral one nerve root, musculoligamentous strain of the lumbar spine. The chronic pain resulted in psychological injury in form of major depressive disorder, anxiety disorder and lack of sleep/insomnia. It has been suggested that the injured worker has undergone extensive psychotherapy treatment since the injury in 2009. The documentation suggests that she has completed about 90 sessions. The request for Medical hypnotherapy/relaxation once per week for 14 weeks is excessive and not medically necessary.

**One office visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition, Mental Illness & Stress Chapter, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The submitted documentation does not provide rationale for need for office visit and thus the request is not medically necessary at this time.