MAXIMUS Federal Services

Case Number:	CM15-0121312		
Date Assigned:	07/02/2015	Date of Injury:	07/05/2010
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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:

This is a 50 year old male with a July 5, 2010 date of injury. A progress note dated April 15, 2015 documents subjective complaints (decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; lower back pain radiating to both legs; ongoing pain from neck radiating to arms), objective findings (pain with palpation and spasm of the cervical and lumbar spine; positive straight leg raise), and current diagnoses (cervical sprain/strain; thoracic sprain/strain; lumbar sprain/strain; lumbar spine intervertebral disc displacement; wrist tendinitis; anxiety syndrome; depression). Treatments to date have included medications, imaging studies, and diagnostic testing. The medical record indicates that medications help slightly. The treating physician documented a plan of care that included cognitive behavioral group psychotherapy and hypnotherapy relaxation training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 105-127; Official Disability Guidelines: Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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 co-morbid 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. Decision: A request was made for cognitive behavioral group psychotherapy, twelve sessions; the request was modified by utilization review to allow for six treatment sessions. Utilization review provided the following rationale for its decision: "worker with five-year history of psychological injury on delayed status with the parent emotional distress and unknown prior psychiatric history or psychosocial concomitants warrants an initial brief course of psychological intervention on a nonindustrial basis per the industrial guidelines to initiate treatment and fill in the gaps in clinical data that is relevant to the psychiatric component of the physical injury. In as much as the industrial criteria for medical (psychiatric) necessity are partially satisfied, I am recommending modified approval for an initial six sessions of group psychotherapy and hypnotherapy. Additional treatment will be contingent upon documentation of objective evidence of functional benefit as well as expanded clinical database regarding (the patient's) psychiatric history of baseline." This IMR will address a request to overturn the utilization review modification and allow for all 12 of the requested sessions. An initial psychological evaluation from June 3, 2015 was found in the medical records and notes the following psychological diagnoses: Major Depressive Disorder, Single Episode, Moderate; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder Due To Chronic Pain; Insomnia Related to Generalized Anxiety Disorder and Chronic Pain; Stress- Related physiological response affecting gastrointestinal disturbance and headaches. Cognitive behavioral group psychotherapy one time a week for twelve weeks to decrease the frequency and intensity of his depressive and anxious symptoms as well as feelings of anger and irritability while increasing the patient's

engagement in the usual and social interactions. Several of the treatment goals were mentioned. It was also recommended the patient have twelve weeks of hypnotherapy/relaxation training. The medical necessity of this request for twelve cognitive behavioral group psychotherapy sessions was not established by the provided documentation. There is no detailed description of the patient's prior psychological treatment history, if any has been provided to date. In addition, both the MTUS and official disability guidelines recommend an initial brief course of psychological treatment in order to determine the patient's response to it. If the patient has not had any prior psychological treatment then this request to start a new course of psychological treatment would be appropriate with the exception of the quantity of sessions being requested. The MTUS recommends an initial brief treatment trial consisting of 3 to 4 sessions with additional sessions contingent upon medical necessity area the official disability guidelines similarly recommends an initial brief treatment trial consisting of 4 to 6 sessions maximum in order to determine patient's response to treatment. The request for twelve sessions at the outset of treatment does not take into account the need for the initial brief treatment trial and related need to demonstrate patient benefit from the treatment trial. Because twelve sessions appears to be excessive and there is an absence of information regarding any prior psychological treatment (if applicable) the medical necessity of this request is not established in the utilization review modified decision is upheld and the request is not medically necessary.

Hypnotherapy Relaxation Training, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 105-127; Official Disability Guidelines: Psychotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official disability guidelines, 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. In addition, 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. A request

was made for twelve sessions of hypnotherapy/relaxation; the request was modified by utilization review to allow for six sessions. It was in the UR decision that additional treatment will be contingent upon documentation of objective evidence of functional benefit as well as an expanded clinical database regarding the patient's psychiatric history and baseline. This IMR will address a request to overturn the utilization review decision. All of the provided medical records were carefully considered for this IMR. The provided medical records did contain an initial psychological evaluation however there is no indication regarding the patient's prior psychological treatment, if any has occurred. The request for twelve sessions of relaxation therapy at the outset of treatment does not take into account the need for an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (official disability guidelines). In the absence of information with regards to the patient's prior psychological treatment (if applicable) and due to the requesting excessive in so much as the industrial guidelines for psychological treatment recommended initial brief treatment trial with additional sessions contingent upon the documentation of medical necessity as evidenced by the patient's benefit from treatment in the brief treatment trial, the medical necessity of this request is not established. Therefore, the utilization review decision is upheld and the request is not medically necessary.