

Case Number:	CM15-0170381		
Date Assigned:	09/10/2015	Date of Injury:	01/17/2012
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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 41 year old female, who sustained an industrial injury on 1-17-2012, after a fall from a chair onto the ground. The injured worker was diagnosed as having major depressive disorder, single episode, moderate, generalized anxiety disorder, insomnia related to generalized anxiety disorder and chronic pain, and stress related physiological response affecting gastrointestinal disturbances and headaches. Treatment to date has included diagnostics, modified work restrictions, physical therapy, unspecified mental health treatment, lumbar spinal surgery (7-2014), and medications. Currently (7-29-2015), the injured worker complains of feeling sad, helpless, hopeless, lonely, angry, irritable, self-critical, pessimistic, and unmotivated. She had crying spells and felt much more sensitive and emotional than she once was. Her appetite fluctuated and she had problems with memory and concentration. She had difficulty sleeping due to persisting pain and worries. She reported physical symptoms of persisting pain, gastrointestinal disturbances, headaches, and high blood pressure. She was emotionally involved during the evaluation and her mood was sad and anxious. Her thought content was focused with preoccupation about her physical limitations, somatic pain, physical symptoms, and financial circumstances. She denied suicidal or homicidal ideation. Her GAF (Global Assessment of Functioning) score was 52. From a psychological standpoint, she was documented as temporarily totally disabled. The treatment recommendation included Cognitive Group Behavioral Therapy (1x8) and Hypnotherapy-Relaxation Training (1x8). On 8-11-2015 Utilization Review non-certified the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1xwk x 8 wks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Group therapy, Cognitive behavioral therapy (CBT), Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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. Decision: a request was made for group medical psychotherapy one time a week for 8 weeks; the request was non-certified by utilization review with the following rationale provided: "clarification is needed as to whether the patient has previously been treated with psychotherapy as the patient's date of injury is noted to be over 3 years ago. If so, documentation regarding the patient's previous response to treatment is not noted." This IMR will address a request to overturn the utilization review non-certification decision. According to a letter written on August 28, 2015 appeal to utilization review decision it was noted that "the injured worker has not attended any group psychotherapy or medical hypnotherapy sessions thus far, therefore progress notes are not available. We have attached the patient's evaluation and management of new patient report and psychological consultation referral. According to the provided medical records the patient had an initial psychological evaluation on July 29, 2015. The patient was reportedly injured when she fell out of a work chair with wheels on to the ground injuring her low back and right hip with radiating pain to her right leg and calf. Psychologically, she's been diagnosed with the following: "Major Depressive Disorder, single episode moderate severity and Generalized Anxiety Disorder; and Insomnia related to anxiety disorder and chronic pain, and Stress-Related Physiological

Response Affecting Gastrointestinal disturbances and headache. Cognitive behavioral group psychotherapy was recommended to help the patient manage nervousness and panic and develop cognitive coping skills and relaxation skills, hypnotherapy and relaxation training was also recommended for increased pain control coping methods and improvement of sleep with a reduction in depressive and anxious symptoms. Psychiatric consultation was also recommended. On April 22, 2015 a request was made by [REDACTED] for the patient have an initial psychological and psychiatric consultation. The patient has been taking the psychotropic medication Cymbalta 60 mg for depression subsequent to the industrial injury. On a June 17, 2015 this with a primary treating physician that was noted that "the patient seems to be depressed, she is sad, irritable, angry and despaired. Patient was anxious. She is restless and worried. Patient is not oriented to time, place and person." All the provided medical records were carefully reviewed and considered for this IMR. As best as can be determined, this patient does not appear to have received prior psychological treatment. However this could not be determined definitively as the patient was injured in 2008. The medical records provided do reflect the patient was been properly identified as someone might benefit from psychological treatment. The medical appropriateness and reasonableness of the request appears to be established by the provided medical records. Therefore the request to overturn the utilization review decision and allow for 8 sessions of cognitive behavioral therapy is approved. However, it should be noted that no further sessions should be provided without a clear and definitive statement about whether or not this patient has received prior psychological treatment and if she has the quantity and outcome of prior psychological treatment (even if it was with a different provider needs to be documented). Therefore because the medical necessity of this request is established the utilization review decision is overturned.

Medical hypnotherapy/relaxation training 1xwk x 8 wks: 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), Mental Illness and Stress - Hypnosis, Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, Topic: Hypnosis.

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. 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 is not established by the provided documentation. The use of hypnosis is indicated according to the industrial guidelines for use of PTSD. This patient is not have a diagnosis of PTSD. While the ACOEM guidelines do recommend the use of relaxation therapy, the patient has been approved for 8 sessions of group cognitive behavioral therapy and this would be redundant with that request as they relaxation training can be and should be incorporated into the cognitive behavioral therapy sessions rather than a separate treatment modality and billable intervention which were essentially be duplicating services. Therefore the medical necessity the request is not established and utilization review decision is upheld.