

<b>Case Number:</b>	CM15-0171569		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/21/2003
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 58 year old male, who sustained an industrial injury on 9-21-2003. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include major depressive disorder, generalized anxiety disorder, and acute stress disorder. Treatments to date include psychotherapy, psychotropic medications, and weekly group therapy sessions. Currently, he complained of feeling sad, worried and tired. He reported difficulty sleeping due to nightmares related to the accident and not sleeping longer than three hours. There was report of feeling increasingly isolated and socially withdrawn. On 7-17-15, the physical examination documented observation of appearing tired, sad, and anxious, with bodily tension and poor concentration. The plan of care included ongoing psychotherapy and group therapy sessions. The appeal requested authorization for eight cognitive behavioral group psychotherapy sessions, once a week for eight weeks and for eight relaxation training-hypnotherapy sessions once a week for eight weeks. The Utilization Review dated 8-12-15, denied the request stating "the designee indicated that sessions from a previous authorization have not been completed as of yet, and that the request for authorization submitted on 7-17-15 was submitted in error. The designee indicated that the RFA dated 7-17-15 would be withdrawn. Therefore, the request is non-certified."

### 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 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for cognitive behavioral group psychotherapy once a week for eight weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "in peer discussion, the designee indicated that sessions from a prior authorization had not been treated as of yet, and that the request for authorization (RFA) submitted on July 17, 2015 was submitted in error. The designee indicated that the RFA dated July 17, 2015 would be withdrawn therefore the request is non-certified." This IMR will address a request to overturn the utilization review decision. 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. In a letter of appeal from the requesting and treating provider's office August 31, 2015 it is noted that: "please refer to page 2 of the injured

worker stipulation and award which grants future medical treatment. Please note that this patient has been diagnosed with PTSD and from the years 2003 to August 2014 he only attended 8 group psychotherapy sessions. Since the beginning of 2015 the injured worker has attended 13 group psychotherapy and medical hypnosis sessions total." The medical necessity of continued cognitive behavioral group psychotherapy once a week for 8 weeks was not established by the provided documentation. The medical records indicated that the patient continues to remain psychological symptomatic at a clinically significant level. The total quantity of prior treatment received was listed at 8 sessions between 2003 and 2014 with 8 more in 2014 and 13 in 2015. ODG guidelines recommend a total of 13-20 sessions maximum for a course of psychological treatment and this additional 8 sessions would exceed those guidelines. Although the ODG makes an exception in the case of the most severe PTSD to allow for additional sessions, this does not appear to apply in this case. Although the patient is reported to have symptoms of PTSD that resulted from an unknown fatality, There is no designation of severity of symptoms and treatment notes from his therapy say "no change in his diagnosis without providing any further information" There is no copy of the initial psychological evaluation provided which would clarify this. There is no objectively measured supporting evidence that his PTSD is severe or otherwise as intensity is not discussed. Further, a superbill for psychological treatment from the same provider from 2009 was found that reflects a request for reimbursement of \$13,000 for treatment provided suggesting that more sessions have been previously provided than was stated in the appeal letter, although it should be emphasized that could not be verified, but appears likely given his date of injury in 2003. The total quantity of all psychological treatment from all providers would be needed to be documented. Further psychological treatment would need to be established by reporting the above issues in full detail. For these reasons the request is not medically necessary and the UR determination is upheld.

**Relaxation training/hypnotherapy once a week for 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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. August 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. Decision: A request was made for Relaxation training and Hypnotherapy once a week for 8 weeks; the request was non-certified by UR which provided the following rationale for its decision: "in peer discussion, the designee indicated that sessions from a prior authorization had not been treated as of yet, and that the request for authorization (RFA) submitted on July 17, 2015 was submitted in error. The designee indicated that the RFA dated July 17, 2015 would be withdrawn therefore the request is non-certified." This IMR will address a request to overturn the utilization review decision. In a letter of appeal from the requesting and treating providers office August 31, 2015 it is noted that: "please refer to page 2 of the injured worker stipulation and award which grants future medical treatment. Please note that this patient has been diagnosed with PTSD and from the years 2003 to August 2014 he only attended a group psychotherapy sessions. Since the beginning of 2015 the injured worker has attended 13 group psychotherapy and medical hypnosis sessions total." The medical necessity of the request for eight sessions of relaxation training and hypnotherapy is not established by the provided documentation for the following reason: the request is redundant with the request for cognitive behavioral group psychotherapy. While relaxation training and hypnotherapy are important interventional techniques and treatment modalities for both PTSD and chronic pain, the request to also have cognitive behavioral group psychotherapy is redundant as typically relaxation training is an integral part, and integrated into, cognitive behavioral therapy for chronic pain. Because this is a redundant request for treatment, and a duplication of services, the request is not medically necessary and utilization review decision is upheld.