

<b>Case Number:</b>	CM15-0177242		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 4-12-10. The injured worker was diagnosed as having depressive disorder; posttraumatic stress disorder. Treatment to date has included physical therapy; chiropractic therapy; psych treatment; medications. Diagnostics studies included MRI left knee (4-10-12 no report). Currently, the PR-2 notes dated 6-29-15 indicated the injured worker complains of feeling depressed, anxious, stressed and hopeless. The provider documents "He reports he has difficulty communicating with others and feels isolated. He reports being easily angered. He reports persisting pain in his knees, but somewhat less pain in his left knee since his surgery. He has difficulty sleeping, which he relates to his persisting pain. He experiences headaches. He is preoccupied with his physical and emotional condition." Objective findings are noted as "The patient appears sad, anxious, tired. He appears to have bodily tension and poor concentration. He is in need of continued mental health interventions at our office to manage and cope with his for current symptoms of depression and anxiety." The provider's treatment plan includes cognitive behavioral group psychotherapy 1 session a week to help cope with physical condition, levels of pain, and emotional symptoms for 8 weeks. Relaxation training-hypnotherapy 1 session per week to help patient manage stress and or levels of pain for 8 weeks. The injured worker does have a surgical-procedural history of status post right knee arthroscopy, partial medial-lateral meniscectomy (11-5-2010) and status post right lumbar differential diagnostic facet block at the levels L4-L5 and L5-S1 and middle branches of right L3, L4 and L5 (10-12-11), status post right sympathetic block L2-3 on 2-2012 and most recent - status post left knee arthroscopy (4-1-

15). A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-13-15 and non-certification was for Relaxation Training/Hypnotherapy. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines for Mental Health-Stress and Pain. The provider is requesting authorization of Relaxation Training/Hypnotherapy.

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

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

#### **Relaxation Training/Hypnotherapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** The California chronic pain medical treatment guidelines section on psychological treatment states: 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 function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. The request is for relaxation therapy/hypnotherapy. The patient has continued pain with depression and anxiety. However the patient has already completed a course of the requested therapy with no documented significant benefit. Therefore the request is not medically necessary.