

<b>Case Number:</b>	CM15-0099061		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 54-year-old male injured worker suffered an industrial injury on 03/23/2006. The diagnoses included major depressive disorder, generalized anxiety disorder and insomnia. The injured worker had been treated with hypnotherapy/relaxation therapy and psychotherapy. On 4/17/2015, the treating provider reported feeling sad, fearful, stressed and worried about current symptoms and stressors. He feels frustrated and overwhelmed. He continued to experience persisting pain, which interferes with sleep and activities of daily living. He experienced headaches, bodily tension and stomach aches. He worried a great deal about his future and his physical condition deterioration with time. On exam, the injured worker was sad, anxious, bodily tension, poor concentration, soft spoken, apprehensive, preoccupied with physical condition, over talkative about physical symptoms and in need of continued mental health interventions for current symptoms. The treatment plan included Medical Hypnotherapy/Relaxation, Group Medical Psychotherapy, Office Visit and Psyche Services/Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Hypnotherapy/Relaxation x8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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 Medical Hypnotherapy/Relaxation Training x 8 sessions; the request was non-certified by utilization review with the following provided rationale: "Current psychologist report of 4/17/15 does not provide any information that would support the medical necessity of medical hypnotherapy/Relaxation training beyond relaxation training what is typically offered as part of any CBT treatment. There is little evidence to support the use of hypnosis for the patient's given diagnosis. Further, the report of 4/17/15 does not even provide any indication that the patient has benefited from the use of hypnotherapy/relaxation which was apparently provided without certification and without support of IMR." This IMR will address a request to overturn the utilization review non-certification 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 session including objectively measured functional improvement. The provided medical records do not clearly indicate total quantity of sessions at the patient has received with regards to this treatment modality. There are indications that he received individual therapy with a psychiatrist in 2006 and again in 2011. It is not clear how many sessions during this current treatment he received. Although there is a note from the patient's treatment providing office stating that he has 8 sessions this does not appear to be a cumulative total that includes all of his psychological treatment this does not accurately reflect the course of psychological treatment he has received. According to April 17, 2015, treatment progress note 5 treatment goals are listed and there is a notation that the patient has made "some improvement towards current treatment goals as evidenced by patient reports of improved mood and ability to cope with symptoms of depression and anxiety treatment." This does not discuss the patient's response to relaxation training forward hypnotherapy sessions specifically. There is no indication on whether or not the patient is making progress in learning to use this technique independently.

There is no discussion of his response to the treatment intervention in terms of ability to relax in the face of pain. There are no dates of treatment goals that have been accomplished nor are there any estimated dates of future goals being met. The medical records taken as a whole do not established the medical necessity of continued treatment with this modality based on insufficient documentation of prior treatment. For this reason, the medical necessity is not established and therefore the utilization review determination is upheld.

### **Group Medical Psychotherapy x8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, 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 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. A request was made for Group Medical Psychotherapy x8. The request was non-certified by utilization review, the following provided rationale: "It is reasonably necessary to complete a course of up to 12 sessions of psychotherapy to determine if this modality is efficacious for this patient. Therefore, an additional 6 weekly sessions of group medical psychotherapy is considered medically necessary = a total of 12 weekly sessions that are certified. Again there will be no additional sessions certified without clear documentation of progress toward specific functional goals particularly since this patient now has had years of psychotherapy to which he is not shown any significant response." 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 session including objectively measured functional improvement. The provided medical records do not adequately address the total number of sessions at the patient has received to date since the time of his injury. It is unknown how much treatment the patient has received. Because this information could not be reasonably estimated from the provided documentation that could not be determined whether or not 6 additional sessions would exceed the MTUS/official disability guidelines for treatment quantity. In addition, although the provided medical records do contain psychological treatment notes they do not appear to be specific for this particular patient. There is little to no documentation of patient benefit and improvement from prior sessions. What is provided is a generic subjective report without any objectively measured functional indices of improvement. Taken as a whole, the medical documents provided do not establish the medical necessity of this requested treatment and therefore the utilization review determination for non-certification is upheld.

**Office Visit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Topic: Office Visits. March 2015 update.

**Decision rationale:** ODG -Office Visits, Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. A request was made for 1 office visit; the request was not authorized by utilization review with the following rationale: there is no support in MTUS or other evidence based guidelines for the use of an office visit beyond the total 12 weekly sessions of group medical psychotherapy that are now certified, and no medical rationale for this separate office visit is provided in the available documentation. In the absence of clear documentation for this request, it is considered not medically necessary. This IMR will address a request to overturn that decision. The patient has been approved by utilization review for several additional group medical psychotherapy sessions. It is not clear why an additional office visit is requested on top of what has been approved. The request appears to be redundant with the above request for group medical psychotherapy, which was partially certified by utilization review. No specific rationale for the additional office visit is provided. Therefore, the medical necessity the request is not established in the utilization review determination for non-certification is upheld.

**Psyche Services/Evaluation (DOS: 4/17/15):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

**Decision rationale:** According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also, it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. A request was made for Psyche Services/Evaluation (DOS 4/17/15- retro) the request was non-certified by utilization review with the following provided rationale: "there is no support in the MTUS or other evidence-based guidelines to support the request for psych services beyond what has already been certified. Progress notes are expected as part of any treatment program not a separate entity." All the provided medical records were carefully reviewed for this IMR. The rationale for this request is not clearly stated. It is not understood why "psyche services/evaluation DOS 4/17/15)" was medically needed, indicated or necessary. This patient's prior psychological treatment history, evaluations, and "psyche services" is unknown and not clearly discussed in the documents provided. The goals and objectives of this request are unstated as such the medical necessity the request is not established in the utilization review determination for non-certification is upheld.