

<b>Case Number:</b>	CM14-0101766		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 52 year old male, who sustained an industrial injury on November 1, 2011, incurring head neck and the left side of his body. He had a history of lower back, right knee, right arm right neck pain and had right knee surgery in 2005. He noted a history of headaches and persistent body numbness. He was diagnosed with cervical disc disease, left upper extremity neuralgia, lumbar disc disease with right lower extremity neuralgia, left shoulder impingement syndrome with tendonitis, left arm pain and depression. Treatment included diagnostic imaging, anti-inflammatory drugs, pain medications, multiple surgical interventions, antidepressants, sleep aides, psychotherapy treatment and activity restrictions. Currently, the injured worker complained of persistent daily "unbearable" chronic pain and developed symptoms of anxiety and depression. He noted feelings of sadness and helplessness, he was found to be angry, sensitive, nervous, restless, agitated and apprehensive. He complained of instability in his legs, nightmares, headaches, stomachaches, crying episodes, dizziness, appetite and weight changes and suicide thoughts. The treatment plan that was requested for authorization included Cognitive Behavioral Therapy on a weekly basis for 12 weeks and weekly relaxation training and hypnotherapy as pain control methods for 12 weeks. On June 11, 2014, a request for Cognitive Behavioral Therapy and relaxation training was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy Psychotherapy on a weekly basis for 12 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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) 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 cognitive behavioral psychotherapy a weekly basis for 12 weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "... There is no mention of how the claimant has responded the psychotherapy in the past. As such, it is deemed appropriate to recommend compliance with California MTUS guidelines by modifying the present request to comprise a trial of four visits to determine responsiveness to this modality." 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. The medical necessity the requested treatment is not supported by the provided documentation. No psychological treatment progress notes were provided for

consideration. It appears that the initial psychological intake evaluation was conducted in June 2014. Is not clear how much psychological treatment has been provided to the patient, if any, up to the time of this request. If no prior psychological treatment had been provided then this request does not conform with MTUS or official disability guidelines which recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG). The patient has been receiving psychological treatment then there were no supporting psychological treatment progress notes or any information regarding how many sessions the patient has received. The official disability guidelines recommend a typical course of psychological treatment to consist of 13 to 20 sessions maximum. It could not be determined whether this request for 12 sessions exceeds that guideline or falls within it. For this reason, the medical necessity the request is not established. This is not to say that the patient does, or does not need psychological treatment only that limitations in the provided medical records submitted for review and consideration do not support the request. Therefore, the utilization review decision for modification to allow for four sessions is upheld. Therefore, the request is not medically necessary.

**Weekly relaxation training and hypnotherapy as pain control methods for 12 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. 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. Credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise should only use hypnosis. 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 weekly relaxation training and hypnotherapy as pain control methods for 12 weeks; the request was modified by utilization review to allow for six weekly relaxation-training sessions. The utilization review rationale for its decision was stated as: "... It is in the context of a

self-management techniques and it is recognized that some initial training is required. Thus said, the rationale of evidence supporting a recommended to the work recommendation for 12 visits of training as medically necessary, as such I recommend modifying this request to a total of six weekly relaxation training sessions." This IMR will address a request to overturn the utilization review decision. The medical necessity the requested treatment is not supported by the provided documentation. No psychological treatment progress notes were provided for consideration. It appears that the initial psychological intake evaluation was conducted in June 2014. Is not clear how much prior treatment utilizing this modality has been provided to the patient, if any, up to the time of this request. If no prior psychological treatment had been provided then this request does not conform with MTUS or official disability guidelines which recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG). The patient has been receiving psychological treatment then there were no supporting psychological treatment progress notes or any information regarding how many sessions the patient has received. The official disability guidelines recommend a typical course of psychological treatment to consist of 13 to 20 sessions maximum. It could not be determined whether this request for 12 sessions exceeds that guideline or falls within it. For this reason the request is not medically necessary or established. This is not to say that the patient does, or does not need psychological treatment only that limitations in the provided medical records submitted for review and consideration do not support the request. Therefore the utilization review decision for modification to allow for four sessions is upheld.