

Case Number:	CM13-0008273		
Date Assigned:	03/07/2014	Date of Injury:	01/25/2013
Decision Date:	09/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is licensed in Psychologist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records provided for this independent review, the injured worker is a 42-year-old male, who reported an industrial work-related injury on January, 25, 2013. The injury occurred during his normal work duties with the city of [REDACTED] where he had worked for approximately 14 years. He was shot in the left thigh while working as a patrol officer a bullet fragment lodged in his left thigh. He reports continued thigh pain as the bullet fragment is still embedded in him. He also reports come current cumulative trauma claim to the low back and both knees. He retired medically in February 2014. . He has been diagnosed with Depressive disorder, NOS; Post Traumatic Stress Disorder; Pain disorder associated with both general medical condition and psychological factors He reports posttraumatic stress disorder symptoms and has had cognitive behavioral therapy through Kaiser. His symptoms include anxiety secondary to his pain disorder, frequent worrying about his pain and limitations, sleep disturbance. He presents with excessive worry, restlessness, hyper-vigilance, sweating and avoidance behavior. He also shows symptoms of depression including anhedonia, significant appetite change, insomnia, irritability, decreased energy, guilt, decreased concentration, and sleep difficulties. He continues to have trauma related recurrent memories/thoughts, flashbacks, hyper-vigilance, and avoidance. The injured worker's treatment goals have included stabilizing his mood, decreasing depression and anxiety, increasing coping skills and improving PTSD symptoms. In April 2014 he attended [REDACTED]. He has been participating actively in cognitive behavioral therapy and EMDR training sessions, and is reporting good progress from them. A request was made for the patient to attend West Coast Trauma retreat for first responders, it was noncertified; the utilization review rationale for non-certification was that the patient is improving with his current treatment program and there is no evidence to support the medical necessity of the proposed trauma retreat at this time. In addition

it was felt that some components of what he would receive their including the EMDR treatment would be replicating what he is currently receiving. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ TRAUMA RETREAT FOR FIRST RESPONDERS: 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 & Stress Chapter, Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: cognitive behavioral therapy, for PTSD, psychotherapy guidelines, June 2014 update. Other Medical Treatment Guideline or Medical Evidence: Journal of behavioral and cognitive psychotherapy, volume 38, issue number four, July 2010, page 383-398.

Decision rationale: This request is for a six-day residential treatment program that involves prolonged exposure sessions, EMDR, cognitive behavioral therapy, progressive relaxation, autogenic training, and other coping strategies in an intensive environment. Research has shown that intensive treatment programs PTSD can result in improved symptoms over a shorter course of time and with greater reduction in depression. While it is true that the patient has received some of these treatment modalities already this very intensive program which is run by a nonprofit organization and the therapy is conducted by volunteer peers is likely to produce more rapid results than otherwise conventional outpatient treatment would. According to the Official Disability Guidelines most patients can have a maximum of 13-20 sessions as long as progress is being made. However in severe cases major depression or PTSD up to 50 sessions may be provided although the total number of sessions this patient has had to date was not included in the information for this review, it does not appear that he has approached that number of treatments. Therefore this course of treatment appears to be medically necessary.