

Case Number:	CM13-0011941		
Date Assigned:	06/09/2014	Date of Injury:	08/09/1985
Decision Date:	07/24/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/15/2013

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 Board Certified in Psychologist and is licensed to practice in Texas. 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:

The injured worker is a 77-year-old male who reported an injury on 08/09/1995. The mechanism of injury was not provided for clinical review. The diagnoses included post-traumatic stress disorder and dysthymic disorder. Previous treatments included physical therapy and medication. On the clinical note dated 07/12/2013 it was reported the injured worker complained of the inability to drive on the freeway due to recurring Post-traumatic stress disorder (PTSD) symptoms, including heart palpitations. Upon the physical examination, the provider noted the injured worker had moderate to severe levels of depression. The clinical documentation submitted is largely illegible. The provider request psychotherapy every 6 weeks for 12 months. However, a rationale was not provided for clinical review. The request for authorization form was submitted and dated 07/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY EVERY 6 WEEKS FOR 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker complained of the inability to drive on the freeway due to recurring Post-traumatic stress disorder (PTSD) symptoms including heart palpitations. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend behavioral interventions. The identification and re-enforcement of coping skills is often more useful in the treatment of pain and ongoing medication or therapy, which could lead to psychological or physical dependence. The Guidelines note to screen patients with risk factors for delayed recovery, including fear avoidance beliefs. The Guidelines note the documentation of a fear avoidance belief questionnaire. The initial therapy for these at-risk patients should be physical medicine for exercise instruction using cognitive motivational approach to medicine. Consider separate psychotherapy/cognitive behavioral therapy after 4 weeks if there is a lack of progression from physical medicine alone. The guidelines note an initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended. There is a lack of documentation indicating the injured worker had trialed and failed on physical medicine therapy first. There is a lack of documentation submitted indicating the provider has administered a fear avoidance beliefs questionnaire. Additionally, the request submitted for therapy every 6 weeks for 12 months exceeds the Guidelines recommendations of an initial trial of 3 to 4 visits over 2 weeks. Therefore, the request for psychotherapy every 6 weeks for 12 months is not medically necessary and appropriate.