MAXIMUS Federal Services

Case Number:	CM13-0026627		
Date Assigned:	11/22/2013	Date of Injury:	01/25/2011
Decision Date:	01/14/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, 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 physician 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 claimant is a 63 year-old female (DOB 5/19/50) with a date of injury of 1/25/11. According to medical reports, the claimant experienced harassment in the workplace, which caused both physical and psychological symptoms. In his QME report dated 7/30/13, [redacted] diagnosed the claimant with the following medical conditions: (1) neck pain stress related, industrial; (2) degenerative cervical spine disease at C6-7, nonradicular, nonindustrial; (3) bilateral shoulder pain, stress related, inductrial; (4) bilateral carpal tunnel syndrome left more than right, nonindustrial; (5) hypertension; (6) diabetes mellitus; and (7) asthma. Additionally, the medical records describe various depression and anxiety symptoms experienced by the claimant. In her Psychiatric report dated 3/1/13, [redacted] diagnosed the claimant with the following psychological conditions: (1) Posttraumatic stress disorder; (2) female hypoactive sexual desire disorder due to PTSD and pain; (3) sleep disorder, insomnia type due to PTSD; (4) R/O pain disorder associated with psychological factors and a general medical condition; and (5) major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 times a month for 12 months: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness Chapter, Cognitive therapy PTSD.

Decision rationale: According to the medical reports, the claimant is experiencing symptoms of anxiety and depression; however, it is unclear as to what types of services the claimant has already received for these issues. In a QME report dated 5/22/13, [redacted] makes reference to previous psychological services received when he writes that the claimant stated, "I see a psychologist once per month right now". Despite this statement, there are no current notes or reports available to review. Additionally, the request for psychotherapy 1X/month for 12 months does not follow current recommended guidelines for the treatment of PTSD. The Official Disability Guidelines suggest that for the treatment of PTSD, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits (individual sessions)" may be necessary. It further states that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Based on the above cited guidelines, the request for psychotherapy 1Xmonh for 12 months is not medically necessary.