

Case Number:	CM13-0027226		
Date Assigned:	11/22/2013	Date of Injury:	09/02/2012
Decision Date:	01/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 Psychiatry 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.

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 patient is a 40 year old male diagnosed with Post-traumatic Stress Disorder (PTSD). He was working as a deputy sheriff when he was shot on 9/2/12, suffering bullet pellets entering the left side of his head, left arm, right arm, both thighs, and left shin. He was airlifted to an emergency room for treatment. He was discharged home. He was off work for one week at that time. Since then, he has suffered pain and numbness in his body, and has undergone orthopedic surgical evaluations. The documentation provided includes 3 progress reports from the psychiatrist ([REDACTED]). The first is dated 4/1/13, and lists the patient as reporting symptoms of anxiety, depression, low energy, preoccupation with stressors, and objective signs of agitation, anxiety and depression. Cognitive-behavioral therapy (CBD was recommended- for him, with unspecified frequency/duration of treatment. A progress report dated 5/16/13 contains almost identical information, listing the patient as off work for 60 days. In the third progress report dated 7/1/13, the symptoms include anhedonia, anxiety, exaggerated startle response, and low self esteem. The goals of treatment include decreasing the PTSD symptoms and improving the level of functioning. It stated that the patient has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen (15) cognitive behavioral psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§Â§9792.20 - 9792.26 Page(s): 23. Decision based on Non-MTUS Citation ODG: Integrated
Treatment/Disability Duration Guidelines, Mental Illness & Stress Chapter, Section on PTSD
psychotherapy interventions.

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 -
9792.26, page 23 has the following to state about Behavioral interventions: "Recommended.
The identification and reinforcement of coping skills is often more useful in the treatment of pain
than ongoing medication or therapy, which could lead to psychological or physical dependence.
See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT)
guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including
fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for
these "at risk" patients should be physical medicine for exercise instruction, using a cognitive
motivational approach to physical medicine. Consider separate psychotherapy CBT referral after
4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy
visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10
visits over 5-6 weeks (Individual sessions)" The documentation provided that the patient was
seen by a psychiatrist [REDACTED] and diagnosed with PTSD. [REDACTED] saw him at least
three times. Sometime after the third visit, the patient returned to work demonstrating clear
functional improvement. Although the number of psychotherapy sessions exceeds that
guidelines recommended by the CA MTUS CPMTG, the documents provided show that the
patient was diagnosed with PTSD and as such the following ODG guidelines for psychotherapy
for ODG would apply. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration
Guidelines, Mental Illness & Stress, Section on PTSD psychotherapy interventions. ODG
Psychotherapy Guidelines: - Initial trial of 6 visits over 3-6 weeks - With evidence of symptom
improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions) 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. Although short-term psychotherapy is effective for
most individuals experiencing acute distress, short-term treatments are insufficient for many
patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008.
Because this patient showed functional improvement during the first three sessions with [REDACTED]
[REDACTED] it can be inferred that the improvement was also taking place in his documented eight
dates of psychotherapy. It must also be remembered that this law enforcement officer was shot in
the line of duty, and the connection to PTSD is easy to see. Based upon his improvement and the
ODG guidelines, 15 sessions of psychotherapy are medically necessary.