

<b>Case Number:</b>	CM13-0027310		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Psychology 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 40-year-old male who reported an injury to the head, left arm, left thigh, on 09/02/2012, secondary to gunshots. The injured worker's subjective psychiatric complaints were anxiety, depression, irritability, sleep disturbance, appetite disturbance, social withdrawal, nightmares, exaggerated startle response, and preoccupation with the industrial stressors leading to this illness. He also had physical complaints of musculoskeletal pain and obesity. The psychiatric consultation dated 02/11/2013 stated that the injured worker had no prior nonindustrial psychiatric difficulty, chemical abuse or dependency, or industrial stressors. However, he did seem have post traumatic stress disorder after the on duty shooting incident of 03/15/2009 that he never recovered from. On that same note, it was stated that due to the injured worker's complaints, limited psychological testing was necessary and was administered and interpreted. Those tests included the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2), the Pain Patient Profile, the Beck Depression Inventory - 2, Beck Anxiety Inventory, the Epworth Sleepiness Scale, Symptom Checklist - 90 - R, the Rotter Incomplete Sentence Blank, as well as a mental status examination. The results of the tests were summarized and were determined to be extremely unusual by the interpreter. There were symptoms consistent with significant psychopathology on the MMPI-2, for example the injured worker reported minimal levels of depression and anxiety and somatic concern on other testing. He acknowledged daytime drowsiness, which would be consistent with sleep order, and also reported sleep disruptions on the Symptom Checklist - 90 - R. However, the most striking test result, according the interpreter, was the response to the SCL - 90 - R, which indicated that he is extremely troubled by what may be auditory hallucinations, his mind going blank, and belief in thought control. The interpreter also stated that it was possible that the injured worker may have subscribed to certain obvious pathological items as some kind of protest against the evaluation process. Therefore, the test

results were of limited benefit in clarifying the matter and he suggested that it should be addressed in more detail with clinical interview. The mental status examination revealed that the injured worker's thought content had themes of anxiety and depression due to having been shot at work with concerns over his persisting symptoms. He had mildly depressed and anxious mood. His affect was somber, entirely appropriate to mood with no tearful manifestation. He denies suicidal or homicidal ideations. He was oriented to person, place, time, and situation. There was no evidence of pressured speech, loose association, flight of ideas, ideas of reference, or other obviously psychotic or delusional symptomatology. He denied hallucinations and delusions. A mental examination also stated that the injured worker was able to provide a clear and concise history. There was no obvious impairment of either short or long term memory and his judgment was unimpaired and his insight was adequate. There was no submitted documentation prior to this note dated on 02/11/2013 with a diagnosis of post traumatic stress disorder. The injured worker had past treatments of 5 psychotherapy visits for the [REDACTED] which he did not find helpful post the incident on 09/02/2012. He was taking Tylenol over the counter for his pain. He returned to work, full duty, on 09/07/2012, which was 5 days post the incident, without restrictions. The treatment plan is for 9 retrospective cognitive behavioral psychotherapy sessions. The Request for Authorization Form was dated and signed 07/01/2013. There was no rationale for the request for 9 retrospective cognitive behavioral psychotherapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **9 RETROSPECTIVE COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The injured worker complained of anxiety, depression, irritability, sleep disturbance, appetite disturbance, social withdrawal, nightmares, exaggerated startle response, and preoccupation with industrial stressors leading to this illness. He had past treatments of 5 psychotherapy visits with the [REDACTED]. The California MTUS Medical Treatment Guidelines for behavior interventions recommend that identification and reinforcement of coping skills is often more useful in treatment of pain than ongoing medication therapy, which could also lead to psychological or physical dependence. The ODG cognitive behavioral therapy guidelines for chronic pain state to screen for patients with risk factors for delayed recovery including fear avoidance beliefs with the Fear-Avoidance Beliefs Questionnaire. It also states that initial therapy for these at risk patients should be physical medicine or exercise instruction using a cognitive motivational approach to physical medicine and that separate psychotherapy for cognitive behavior therapy should be considered after 4 weeks. If there is lack of progress from physical medicine alone; an initial trial of 3 to 4 psychotherapy visits over 2 weeks and if there is evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, all individual sessions. There was a note dated 08/15/2013 from a psychiatrist stating that

a psychological evaluation was done in his office on 07/16/2013; however, the documentation is inconclusive. There were only 7 of 30 pages received. Therefore, the request of 9 retrospective cognitive behavioral psychotherapy sessions is not medically necessary.