MAXIMUS Federal Services

Case Number:	CM13-0028997		
Date Assigned:	11/27/2013	Date of Injury:	12/06/2011
Decision Date:	06/13/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/24/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

This patient is a 28-year-old who was shot in the abdomen on December 6, 2011 and has ongoing symptoms of abdominal pain radiating to her back that is aggravated by walking bending and lifting. A diagnosis of PTSD (post-traumatic stress disorder) was mentioned in several places on initial medical reports. The original wound became infected and failed to heal despite multiple surgical and non-surgical interventions. Throughout 2012 and into 2013 infection and incomplete healing of the gunshot wound continued. Several doctors' notes mention moderately severe depression. In October of 2013 she completed an objective measure of depression in Spanish the PHQ-9 and this reflected a moderate depression as well. She received psychotherapy sessions from [redacted] starting on May 5, 2012 for PTSD and Depression and ending in July 22, 2012 when he discharged her for missing too many appointments. A mention was made of her need to engage in childcare as the reason for her difficulty in attending treatment at that time. In August of 2013 a request was made for 12 sessions of cognitive behavioral therapy by her physician, the request was conditionally non-certified in early September 2013 due to missing information.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 TOTAL COGNITIVE BEHAVIORAL THERAPY SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In the process of obtaining certification for outpatient psychotherapy sessions a request for additional information for "all forms of conservative clinical completed in the past 6 months with pre and post treatment results" was made and repeated on October 18, 22, 24 2013 to authorize additional therapy sessions. The stated reason for non-certification was based on the conclusion that the additional information that was requested was not received. After a careful review of medical reports submitted for this IMR, it appears that medical records were sent repeatedly in response to this request and my assumption is that the reviewer determined that they were insufficient. Given the violent nature of her injury and subsequent eighteen months of serious infection and poor wound healing, and the very limited number of sessions of psychotherapy provided to her to date, continued psychotherapy would likely be of benefit to her, and medically necessary; especially but not only if, it is conducted by a Spanish speaking therapist who has experience with trauma, PTSD, pain management and depression. Limitations in her medical records regarding her psychological state are most likely due to language barriers. There are many blank depression and psychological questionnaires and yet the ones in Spanish have all been completed. There is a depression screen dated from October 2013 that was completed in Spanish which showed very elevated levels of depression, there is also mention of attempted treatment with the medication Effexor which was not beneficial. With regards to providing CBT the Chronic Pain Medical Treatment Guidelines of California states the following: 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. 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 four weeks if lack of progress from physical medicine alone: An Initial trial of three to four psychotherapy visits over two weeks and with evidence of objective functional improvement, total of up to six to ten visits over five to six weeks (individual sessions). Due to the severe nature of the stressor she faced in being shot in the abdomen it is reasonable to assume she might need more therapy than the usual ten sessions and that twelve would be acceptable. Her very limited past psychological treatment (frequency is unknown) appears to have been unsuccessful due to her limited ability to attend due to childcare issues as a single parent and the ongoing medical problems she faced. She made an effort to restart the treatment but reported not having her phone call for treatment returned on October 9, 2013. Her current medical situation appears to reflect wound stabilization and less need for medical attention which should allow her to better able to participate at this time. The request for twelve cognitive behavioral therapy sessions is medically necessary and appropriate.