

Case Number:	CM13-0034898		
Date Assigned:	12/11/2013	Date of Injury:	06/18/2012
Decision Date:	09/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 licensed 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 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 patient is a 36-year-old female who reported an industrial/occupational injury in the course of her duties as a care manager. There were no medical records provided with respect to the patient's injury- how it was caused, and what the trauma was that she was exposed to, nor any information with regards to her medical condition other than a brief mention of her wrist. She has been diagnosed with Post-Traumatic Stress Disorder (PTSD). A psychotherapy treatment progress note from April 30, 2013 stated that the patient participated in treatment and is slightly less anxious but remains preoccupied at times and admits to being easily overwhelmed and is sleeping better, and that her ADLs are good. A request from June 13, 2013 noted that an additional 12 sessions were being requested to help the patient continue to work with cognitive behavioral therapy on her anxiety as well as her depressive symptoms related to coping from the incident. The progress note goes on to state that she has psychologically shown some improvement and is more able to discuss and understand the impact of her psychological and physical injuries on her activities of daily living, but that she has difficulty with lifting and carrying. That she is feeling more autonomy and less helplessness but continues to have nightmares three times a week where she experiences somebody chasing after her and then feels trapped and has an exaggerated startle response. The symptoms of depression, anxiety, irritability, and anger continued. She is noted to have additional diagnoses of general anxiety disorder and depression. She also exhibits weekly panic attacks and anxiety episodes. At the time of this note she had already had seven sessions when the request for 12 sessions was made. A progress note from August 2013 request 16 additional sessions held twice weekly due to a setback that resulted in increased depression and suicidal ideation. The treatment plan from August 2013 states that the patient will develop self-soothing mechanism when she becomes anxious or depressed with reality testing of cognitive distortions related to anxiety and

depression, and exploring the traumatic incident and emotional reactions as well as psych educational work from PTS books to educate herself. The treatment would also include the use of prolonged exposure therapy to helpfully process her trauma. A request was made for an additional 16 sessions of psychotherapy, the request was non-certified. A utilization review offered a modification for 12 sessions. This independent medical review will address a request overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY SESSIONS X 16: Upheld

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 Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 to 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy for PTSD, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: Medical records that were provided contained insufficient documentation to substantiate the medical necessity of 16 additional sessions of psychotherapy. Several very good treatment progress notes were provided however they are from June and August 2013. With no current treatment progress notes from 2014 whatsoever were provided. It is impossible to tell how many sessions of psychotherapy she has had to date. Official disability guidelines specify that patients may have 13 to 20 visits maximum, only if progress is being made. Although for patients with Severe Major Depressive Disorder and PTSD additional sessions up to 50 may be offered if progress is being made. It is not possible to determine whether or not the patient is making continued progress. Medical records from 2013 specify that her activities of daily living, which is an important measure of improvement, are good. In general there is insufficient documentation directly substantiating the patient's psychological symptomology and the effect of prior treatments as well as most importantly the total number of psychotherapy sessions and she has already had. Without this information I cannot determine if she is already had the maximum amount that would be offered to her and still conforming with the MTUS guidelines. In addition, there request for 16 sessions is excessive. 16 sessions would represent approximately four months of treatment; this is too long of a period of time to go without providing ongoing substantiation of medical necessity. In general, a review of medical necessity should occur more frequently than once every four months. It does appear to me that this patient is already had substantial psychological treatment. Additional sessions are contingent upon objective functional improvements rather than solely on psychological symptomology. Functional improvement is defined a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Although there is mention of her improved activities of daily living these improvements occurred in 2013 and she appears to be at a level of functioning that is already been rated as good. Therefore due to lack of documentation the request is not medically necessary.