

Case Number:	CM13-0037421		
Date Assigned:	04/25/2014	Date of Injury:	06/15/2008
Decision Date:	06/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 a Licensed Psychologist 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 claimant is a 37 year-old male (██████████) with a date of injury of 6/15/08. The claimant sustained injuries to his lower back, leg, neck, face, and head when he was attacked by a psychiatric patient while working as a Correctional Officer for the ██████████, ██████████. In a Pr-2 report dated 8/13/13, ██████████ diagnosed the claimant with: (1) Status post lumbar sprain/strain with a chronic L4-L5 disc herniation with radiculopathy and an MRI with multilevel degenerative changes, bulges at multi levels, as well as some annular tears; (2) Chronic L5-S1 radiculopathy consistent with EMG/NVC and clinical symptoms; (3) Intermittent migraine headaches secondary to posttraumatic stress disorder, anxiety disorder, as well as depression associated with the event while employed as a corrections officer; and (4) Contusion of the right knee, which is improved. In addition to the physical injuries sustained by the claimant, he also sustained injury to his psyche as a result of the work-related incident. In a "Psychological Evaluation" conducted by ██████████ on 8/15/13, the claimant was diagnosed with: (1) Posttraumatic stress disorder, chronic; (2) Major depressive disorder, severe; and (3) Pain disorder associated with both psychological factors and a general medical condition. Treating psychologist, ██████████ has also diagnosed the claimant with PTSD and MDD. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 0 TO 10 PHONE CALLS AND/OR TEXT CONSULTATIONS PER WEEK (IN WEEKS) X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines, Psychological Intervention, pages 105-127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter.

Decision rationale: The California MTUS does not address the use of telephone and/or text consultations in the treatment of any psychaitric conditions. As a result, the Official Disability Guidelines (ODG) regarding the use of cognitive therapy for the treatment of depression will be used as it briefly addresses the use of telephone sessions. The ODG states, "Delivering cognitive behavioral therapy (CBT) by telephone is as effective as delivering it face-to-face in the short term, and telephone therapy is safe and has a higher patient retention rate. The attrition rate from psychotherapy can exceed 50% due to time constraints, lack of available and accessible services, transportation problems, and cost. Significantly fewer participants receiving telephone CBT discontinued their therapy than did those receiving face-to-face CBT. Both treatment groups showed significant improvement in depression, and there were no significant treatment differences when measured at post treatment between telephone and face-to-face CBT. However, face-to-face CBT was significantly superior to telephone CBT during the follow-up period." Although the ODG guidelines refer to the use of the telephone for CBT sessions, it is noted that in this case, the telephone was to be used for check-ins/consultations during a crisis period. It appears from the medical records that the claimant was initially evaluated by [REDACTED] in June 2010 and subsequently began receiving psychological services. Up to the date of the request being reviewed, it is unclear exactly how many sessions of psychotherapy had been completed. It is evident though that the claimant's symptoms had increased and he began experiencing suicidal ideation. It was a choice made by [REDACTED] and the claimant that the claimant was not acutely in danger of harming himself and therefore, did not need hospitalization. Instead, [REDACTED] contracted with the claimant to check-in via phone call and/or text. These consultations were not intended on providing any therapy. As a result, the request for retrospective 0 to 10 phone calls and/or text consultations per week (in weeks), quantity 2 is not medically necessary and appropriate.

0 TO 10 PHONE CALLS AND/OR TEXT CONSULTATIONS PER WEEK (IN WEEK)
X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, PSYCHOLOGICAL INTERVENTION, 105-127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The California MTUS does not address the use of telephone and/or text consultations in the treatment of any psychiatric conditions. As a result, the Official Disability Guidelines (ODG) regarding the use of cognitive therapy for the treatment of depression will be used as it briefly addresses the use of telephone sessions. The ODG states, "Delivering cognitive behavioral therapy (CBT) by telephone is as effective as delivering it face-to-face in the short term, and telephone therapy is safe and has a higher patient retention rate. The attrition rate from psychotherapy can exceed 50% due to time constraints, lack of available and accessible services, transportation problems, and cost. Significantly fewer participants receiving telephone CBT discontinued their therapy than did those receiving face-to-face CBT. Both treatment groups showed significant improvement in depression, and there were no significant treatment differences when measured at post treatment between telephone and face-to-face CBT. However, face-to-face CBT was significantly superior to telephone CBT during the follow-up period." Although the ODG guidelines refer to the use of the telephone for CBT sessions, it is noted that in this case, the telephone was to be used for check-ins/consultations during a crisis period. It appears from the medical records that the claimant was initially evaluated by [REDACTED] in June 2010 and subsequently began receiving psychological services. Up to the date of the request being reviewed, it is unclear exactly how many sessions of psychotherapy had been completed. It is evident though that the claimant's symptoms had increased and he began experiencing suicidal ideation. It was a choice made by [REDACTED] and the claimant that the claimant was not acutely in danger of harming himself and therefore, did not need hospitalization. Instead, [REDACTED] contracted with the claimant to check-in via phone call and/or text. These consultations were not intended on providing any therapy. As a result, the request for to 10 phone calls and/or text consultations per week (in weeks), quantity 3 is not medically necessary and appropriate.