

Case Number:	CM13-0041394		
Date Assigned:	12/20/2013	Date of Injury:	12/20/2010
Decision Date:	07/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/14/2013

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 41-year-old female who has submitted a claim for chronic post-traumatic stress disorder (PTSD), insomnia-type sleep disorder due to pain, and major depressive disorder, associated with an industrial injury date of December 20, 2010. Medical records from 2011 through 2014 were reviewed, which showed that the patient presented with a chronic history of post-traumatic stress symptoms. The latest progress note noted that she was less depressed and hardly cried. The patient reported that she was able to sleep well for 7-8 hours at night. Psychological testing suggested a moderate level of depression and severe anxiety. She was deemed permanent and stationary from a psychiatric standpoint. The treatment to date has included C5-6 anterior cervical discectomy and fusion, C5-6 repair of pseudarthrosis, psychotropic medications, and 55 sessions of psychotherapy since July 2011. The utilization review from September 24, 2013 denied the request for individual psychotherapy treatments because of lack of current and sufficient clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY TREATMENTS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress, Cognitive Therapy for PTSD, Cognitive Therapy for Depression.

Decision rationale: The California MTUS does not specifically address cognitive therapy for PTSD and depression. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that up to 13-20 visits over 7-20 weeks (individual sessions) of cognitive therapy is recommended if progress is being made. In cases of severe major depression or PTSD, up to 50 sessions is recommended if progress is being made. In addition, ODG states that maintenance cognitive therapy to prevent recurrent depression is most effective in patients at highest risk for relapse, defined as those with 5 or more previous depressive episodes. For individuals at more moderate risk for recurrence, structured patient psychoeducation may be equally effective. In this case, the patient underwent 55 sessions of psychotherapy since July 2011, which the patient found to be helpful. The request for continued psychiatric treatment was made to help the patient maintain her stable course and prevent deterioration in her emotional condition. The records also stated that the patient's condition was deemed permanent and stationary, which meant that her condition was not expected to improve or deteriorate to any significant degree as long as the indicated recommendations are followed. The records also specified that a course of 20 cognitive behavioral therapy sessions consisting of 45-minute sessions on a weekly basis was needed. However, the medical records failed to identify whether the patient is at high risk for relapse of depression, which may warrant maintenance cognitive therapy as stated above. Furthermore, the patient's symptomatology is more related to PTSD. The guidelines are silent regarding maintenance cognitive therapy for PTSD. The guidelines state that cognitive therapy is recommended if progress is being made but the medical records stated that no significant improvement is to be expected since the patient's condition was already deemed permanent and stationary. There was also no evidence of prior psychoeducation attempts, which may also be effective to prevent relapse of symptoms. Therefore, the request for individual psychotherapy treatments is not medically necessary.