

Case Number:	CM13-0042626		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2008
Decision Date:	02/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 45 year-old female (DOB 10/25/68) with a date of injury of 3/30/08. According to reports, the claimant sustained injuries to her mouth, jaw, face, ears and neck in addition to injuries to her psyche during an altercation in which she was struck in the face by an aggressive patient while working in the emergency room for [REDACTED]. According to [REDACTED] RFA dated 10/10/13, the claimant is diagnosed with the following: "Carpal tunnel syndrome Status/Post Rand L CTR 2008; Neck pain; Pain in joint, shoulder; Epicondylitis lateral; Chronic pain NEC; Pain psychogenic NEC; Bilateral post traumatic TMJ; Disorder sacrum; Sciatica; Headache; Lumbar disc displacement without myelopathy; Jaw pain; Unspecified major depression, recurrent episode; Panic attack; Depression; Generalized anxiety disorder; Bilateral flank sprain; Posttraumatic stress disorder; Insomnia due to a mental disorder; Therapeutic drug monitor; Long-term use meds nec; Pain abdominal right lower q." For purpose of this review, the claimant's psychiatric diagnoses are most relevant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Cognitive behavioral sessions with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 Chronic Pain Medical Treatment Guidelines does not address the psychological treatment of PTSD nor depression, which are the most debilitating psychiatric conditions facing the claimant at this time. As a result, the Official Disability Guidelines (ODG) will be used regarding the treatment of PTSD. The psychiatric records offered for review on this case are minimal. Several reports indicate that the claimant has received a least 30 psychotherapy sessions thus far, however, only three psychotherapy progress notes were provided for review. There are no treatment records that can accurately indicate the number of sessions completed to date. Additionally, because there are few psychiatric records, the progress that is being made in those sessions is not available for review as well. The "Utilization Review Treatment Appeal" letter completed by [REDACTED] presents some information to argue continued services, however, he cannot fully document that CBT is being done and progress is being made as he is not the provider of such services. Other than the few progress notes provided by [REDACTED], there are no other records to review from this treating provider. The ODG indicates that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. Given that this claimant has a complex case of PTSD and depression it can be assumed that she will need additional sessions. Unfortunately, because of the insufficient/inadequate psychiatric records/information offered for review, the need for additional services cannot be fully determined. As a result, the request for "Twelve cognitive behavioral sessions with [REDACTED]." is not medically necessary.