

Case Number:	CM13-0048888		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2012
Decision Date:	07/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/06/2013

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:

Based on the records provided for this independent medical review, this patient is a 37 year old female who reported an industrial/occupational work-related injury on May 4, 2012. Patient works as a shift supervisor at [REDACTED] emergency communications and received a 911 phone call with a mother screaming for an extended period after unintentionally smothering and killing her infant child. She has been diagnosed with Depressive Disorder NOS, Anxiety Disorder NOS. There have been several alternative and conflicting sets of diagnoses. Another one states she has the following: Post-traumatic stress disorder (PTSD), chronic; Major Depressive Disorder, single episode, moderate; sexual dysfunction, NOS, and Insomnia due to PTSD and Major Depression. The patient reports anxiety surrounding the care of her son, self-injury (cutting) and suicidal ideation, difficulty separating from her son with hyper-vigilance, nightmares, isolation, a lack of motivation, stress and panic related to her children's safety and exaggerated startle response. A request for Cognitive Behavioral Therapy (CBT) to be held once a week for 6 to 12 weeks and a second request for EMDR was made: both requests were non-certified without modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (cognitive behavior therapy) once a week for 6-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1062-1067.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, , Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter: Psychotherapy Guidelines CBT.

Decision rationale: With respect to the request for cognitive behavioral therapy, after a thorough and comprehensive review of all the medical records provided to me for this patient, I have found that the exact number of treatment sessions with the patient has had to date is not clear. It does seem that she is had at a minimum 22 sessions all held in 2013. It seems likely that she has had as many in 2012 but again this is not unclear. Similarly the number of sessions, if any in 2014 is unclear. According to the MTUS guidelines for CBT an initial block of three to four sessions should be offered and with evidence of functional improvement additional sessions up to a maximum of 10 may be allowed. This request for 6 to 12 additional sessions, in combination with the 22 minimum she already received exceeds MTUS guidelines without consideration of 2012 and 2014. There are several other issues that argue against overturning the UR non-certification. First is the non-specific session number request 6-12 sessions is not clearly stated and would essentially be requesting 12 more sessions or three months of treatment. This would be more than usual and customary without additional supporting documentation of patient response in terms of functional improvement. Also, the issue of her PTSD diagnosis is unclear with an equal number of reports showing no evidence for it as showing evidence for it. For these reasons, the request is not medically necessary.

Eye movement desensitization & reprocessing (EMDR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter: Topic EMDR.

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

Decision rationale: With respect to the request for EMDR the patient reported that in September 2012 she attended West Coast post trauma retreat for first responders and was exposed to EMDR treatment for PTSD. There is also a note that she has had a few individual sessions of EMDR as well. Requests for treatment must be specific, this one was written nonspecific with respect to the precise number of sessions being requested. I was unable to find any indication of how many sessions were being asked for. All requests must state how many sessions are being requested and the frequency of visits per time interval. Also, it is unclear if she has made functional improvements as a result of the EMDR treatment that she has had to date as well as how many sessions exactly she has had. Therefore this request is not medically necessary.

