

Case Number:	CM13-0056755		
Date Assigned:	02/21/2014	Date of Injury:	03/16/2000
Decision Date:	06/10/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/22/2013

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 Psychiatry, 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 an employee of [REDACTED] and has submitted a claim for prolonged post-traumatic stress disorder associated with an industrial injury date of March 16, 2000. Treatment to date has included muscle relaxants/anticonvulsants, antipsychotics, eugeroics and psychotherapy. Medical records from 2013 were reviewed and showed history of PTSD and permanent damage to the nervous system due to burns. The patient takes Provigil and reports feeling of nervousness and anxiousness without it because it was constantly being denied. He continues to have multiple pain complaints including the neck, back and upper extremities. Examination showed a cooperative behavior, good eye contact, normal psychomotor activity, and normal rate, amplitude and prosody of speech. The patient's affect was mood congruent with normal range and modulation. His thought process was goal-directed, organized, logical and linear, and without abnormal thought content. His recent memory, remote memory, attention/concentration, and language (naming, repeating, and abstraction) were all intact. The patient was diagnosed with post traumatic stress disorder and major depressive disorder. He had received 7 psychotherapy sessions without significant improvement and has not returned to work. The treatment plan included continuation of medication management and psychotherapy. Utilization review dated November 1, 2013 modified the request for 12 sessions of medication management and psychotherapy to 2 sessions of medication management and 3 psychotherapy sessions between 10/23/2013 and 12/30/2013. Regarding the psychotherapy sessions, the guidelines state that a total of 6-10 additional psychotherapy sessions are recommended with evidence of functional improvement; the patient has received a total of 7 psychotherapy sessions only hence the modification. Regarding the medication management, the guidelines state that an initial trial of 3-4 visits over 2 weeks is appropriate with evidence of objective functional

improvement; hence, the request for 7 medication management consult was modified to 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF MEDICATION MANAGEMENT AND PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Â§Â§9792.20 - 9792.26 Page(s): 23. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Independent Medical Examinations and Consultations, page 127

Decision rationale: With regards to the medication management, ACOEM Independent Medical Examinations and Consultations states that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. With regards to psychotherapy, CA MTUS Chronic Pain Medical Treatment Guidelines, page 23, states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient was diagnosed to have post-traumatic stress disorder and major depressive disorder. Regarding the medication management, the patient's exact functional deficits sustained due to the stress was not clearly elaborated, and the exact behavioral consequences of the stress from the chronic pain were not clearly documented. Moreover, the diagnosis of PTSD and MDD were established as far back as August 2013. Medication management is therefore not recommended. Regarding the request for psychotherapy, the patient had received 7 sessions of psychotherapy. However, the documents submitted did not provide evidence of objective functional improvement after the initial trial of 3-4 sessions. Additional psychotherapy sessions are not recommended. Therefore, the request for 12 sessions of medication management and psychotherapy is not medically necessary.