

Case Number:	CM13-0057616		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2013
Decision Date:	12/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine 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:

Injured worker is a female with date of injury 1/7/2013. Per doctor's first report of psychological injury dated 11/1/2013, the injured worker reported that she sustained a traumatic injury while working as a waitress when an automobile crashed into the restaurant. She reported that she experienced multiple post-injury physical symptoms that included ongoing severe headaches, lower back pain, neck pain, left arm pain and numbness, and left foot/toe pain and numbness.. She also had immediate mood and sleep disturbances following the event. She saw a psychologist for two visits that was not helpful and has been waiting for further treatment. The mental status exam noted that her affect was appropriate to content, with anxiousness and some depression evident, including lability of mood and being quite tearful. Symptoms of mood disturbances reported to have occurred since the workplace event included anxiety, tension, restlessness, nervousness, fearfulness, worry, hypervigilance, panic attack symptoms, frequent intrusive recollections of the accident, feelings of sadness, depression, nightly sleep disturbance, feeling of irritability and frustration, feelings of discouragement, helplessness and hopelessness, some anhedonia, some social isolation and withdrawal. Axis I diagnosis is posttraumatic stress disorder, chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive-Behavioral Psychotherapy times ten treatment sessions over the next five months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational Medicine 2nd Edition (2004), Stress Related Conditions, pages 398-404.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions section Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter, Cognitive Therapy for PTSD section

Decision rationale: The claims administrator cited the MTUS Guidelines, but it should be noted that the MTUS Guidelines recommendations for cognitive behavior are in reference to treating chronic pain, not post traumatic syndrome. The claims administrator modified the request of 10 visits of cognitive behavioral therapy to a trail of 6 sessions followed by assessment of objective functional response before extending treatment. The ODG is referenced as these guidelines are more applicable for this request in regards to PTSD. The ODG recommends the use of cognitive therapy. The ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The request for Cognitive-Behavioral Psychotherapy times ten treatment sessions over the next five months is medically necessary.