

Case Number:	CM14-0009967		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2013
Decision Date:	12/31/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 claimant is a 40 year-old female [REDACTED] with a date of injury of 9/4/13. The claimant sustained injury to her psyche while working as the Assistant Manager for the [REDACTED]. On the date of injury, the claimant was "tasered" by a man intending to rob the store. She felt pain in her body as well as feeling paralyzed with fear. In their "Initial Evaluation and Report (PR-1) dated 10/9/13, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Posttraumatic stress disorder; (2) Cervical disc herniation with myelopathy; (3) Bursitis and tendinitis of the left shoulder; (4) Partial tear of rotator cuff tendon of the left shoulder; (5) Medial epicondylitis of the left elbow; (6) Lateral epicondylitis of the left elbow; (7) Olecranon bursitis of the left elbow; and (8) Insomnia. The claimant was referred to psychologist, [REDACTED], due to the development of psychiatric symptoms. In his "Doctor's First Report of Occupational Injury or Illness" dated 12/10/13, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Posttraumatic stress disorder; (3) Insomnia related to PTSD; and (4) Stress-related physiological response affecting headaches. The requests under review are based on [REDACTED]' recommendations following his initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 1 Time per Week for 12 Weeks: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the use of group therapy as well as the use of PTSD psychotherapy interventions will be used as references for this case. Based on the review of the medical records, the claimant sustained both physical as well as psychiatric injuries as the result of the work-related incident in September 2013. As the result of her development of psychiatric symptoms related to PTSD and depression, the claimant was referred to psychologist, [REDACTED], for an initial evaluation in December 2013. In his report, [REDACTED] recommended a number of psychological services including the following: 12 group psychotherapy sessions; 12 individual psychotherapy sessions; 12 hypnotherapy/relaxation sessions; and follow-up consultation visits. The request under review is based on these recommendations. However, the ODG recommends that PTSD psychotherapy interventions are to be used for "an initial trial of 6 visits over 6 weeks." The request for 12 initial visits exceeds this recommendation. As a result, the request for "Group Medical Psychotherapy 1 Time per Week for 12 Weeks" is not medically necessary.

Medical Hypnotherapy/Relaxation 1 Times per Week for 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as references for this case. Based on the review of the medical records, the claimant sustained both physical as well as psychiatric injuries as the result of the work-related incident in September 2013. As the result of her development of psychiatric symptoms related to PTSD and depression, the claimant was referred to psychologist, [REDACTED], for an initial evaluation in December 2013. In his report, [REDACTED] recommended a number of psychological services including the following: 12 group psychotherapy sessions; 12 individual psychotherapy sessions; 12 hypnotherapy/relaxation sessions; and follow-up consultation visits. The request under review is based on these recommendations. However, the ODG recommends that hypnotherapy is to be used for "an initial trial of 6 visits over 6 weeks." The request for 12 initial hypnotherapy visits exceeds this recommendation. As a result, the request for "Medical Hypnotherapy/Relaxation 1 Times per Week for 12 Weeks" is not medically necessary.

Individual Sessions 75-80 Minutes 1 Time per Week For 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as references for this case. Based on the review of the medical records, the claimant sustained both physical as well as psychiatric injuries as the result of the work-related incident in September 2013. As the result of her development of psychiatric symptoms related to PTSD and depression, the claimant was referred to psychologist, [REDACTED], for an initial evaluation in December 2013. In his report, [REDACTED] recommended a number of psychological services including the following: 12 group psychotherapy sessions; 12 individual psychotherapy sessions; 12 hypnotherapy/relaxation sessions; and follow-up consultation visits. The request under review is based on these recommendations. However, the ODG recommends that there be "an initial trial of 6 visits over 6 weeks" for the cognitive treatment of PTSD. The request for 12 initial visits exceeds this recommendation. As a result, the request for "Individual Sessions 75-80 Minutes 1 Time per Week for 12 Weeks" is not medically necessary.

Office Consultation And 6-8 Month Follow-Up Office Visits: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant sustained both physical as well as psychiatric injuries as the result of the work-related incident in September 2013. As the result of her development of psychiatric symptoms related to PTSD and depression, the claimant was referred to psychologist, [REDACTED], for an initial evaluation in December 2013. In his report, [REDACTED] recommended a number of psychological services including the following: 12 group psychotherapy sessions; 12 individual psychotherapy sessions; 12 hypnotherapy/relaxation sessions; and follow-up consultation visits. The request under review is based on these recommendations. Despite the recommendation for an office consultation and follow-up visits, the ODG states, "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through

self-care as soon as clinically feasible." Given that the claimant has yet to begin psychological services, the need for an office consultation and follow-up visits cannot be determined. As a result, the request for an "Office Consultation And 6-8 Month Follow-Up Office Visits" is not medically necessary.