

<b>Case Number:</b>	CM14-0012088		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Board Certified in Clinical 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:

According to the records as they were provided for this IMR, this patient is a 32-year-old female who reported a work-related injury on July 1, 2008 during the course of her employment with [REDACTED]. The mechanism and details of the injury were not reported but appears to be due to a robbery that occurred. She has been diagnosed with Posttraumatic Stress Disorder; Major Depressive Disorder, Panic Disorder. An additional diagnosis of Anxiety Disorder Not Otherwise Specified was given by her psychologist who did not diagnose Panic Disorder. She has been prescribed Sertraline 100 mg, Clonazepam 0.25 - 0.50 for panic and Temazepam for sleep. Psychiatric progress note from January 2014 states patient "feels down but denies suicidal or homicidal ideation she reports feeling scared of the world and afraid to deal with the public and wants to work but doesn't think that she can due to fears." Psychological treatment report from July 2013 states the patient is using stress reduction and moving towards better stress relief. Psychological treatment progress notes were from 2013 and did not specify the duration and quantity of treatment that the patient has received nor did they specifically outline a treatment plan or treatment goals with expected dates of accomplishment or discuss objective functional improvements at the patient is made to date. There were no psychological treatment reports from 2014 provided for this review and the most current psychiatric report was from January 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric visits every 4 weekly for 6 months, for total of 6 visits, plus additional 2 weekly visits with Outside Therapist: 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), Psychotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 update.

**Decision rationale:** The MTUS addresses the issue of psychiatric referral by stating "if symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated." Also, "specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as mild depression referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person job fit may be handled effectively with pop therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The official disability guidelines state that the provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With regards to the request for psychotherapy, current treatment guidelines suggest that 13 to 20 visits are sufficient for most patients but in cases of severe PTSD/major depressive disorder additional sessions up to a total of 50 can be provided. This request combines 2 different treatment modalities into one request: monthly sessions of psychiatric therapy for a duration of 6 months, and 2 weekly visits with outside therapist treatment. The utilization review determination correctly modified the request from the period of 6 months to 3 months for the psychiatric visits to be held one per month. The utilization review determination also authorized the requested to sessions of therapy. The request to overturn the utilization reviews decision is not supported by the documents provided because it is not consistent with treatment guidelines. Although according to the MTUS guidelines as stated above the patient's medical necessity for psychiatric treatment was established based on her symptomology of paranoia. The issue is that of quantity and duration. A six-month time period the request covers a six-month time period, this does not allow for the ongoing assessment of medical necessity. The utilization review correctly modified it to 3 months at which time the continued need, or not, additional sessions can be decided upon. This allows the treatment provider to evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With regards to the request for 2 psychological sessions with outside therapist, the few medical records that were provided were insufficient in documenting the necessity of the request. Treatment notes from prior psychological treatment sessions did not discuss the total quantity of sessions at the patient is already received to see if the additional request to treatments conform to the above stated guidelines. The severity of her disorder was not established intensity of her

psychological/psychiatric symptoms was not quantified in this severe range, which would allow for up to 50 sessions, if medically necessary and if progress is being made, and she did not already received that amount. In addition, there was insufficient information regarding the active treatment plan for psychological treatment and evidence of objective functional improvements that she has derived from prior sessions. Because the medical necessity for the request was not established, the request is not medically necessary.