

Case Number:	CM14-0013881		
Date Assigned:	02/26/2014	Date of Injury:	08/25/2011
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

This is a 24 y/o male with date of injury 8/25/2011. Date of UR decision was 1/22/2014. Mechanism of injury is head trauma secondary to being assaulted during an armed robbery at work resulting in skull injuries. The report from 08/08/2012 suggests that he has significant sleep disturbance, a lot of psychological distress which influenced and exacerbated his physical symptoms. 1.5 months before this visit, the IW was thinking of self harm with a plan of OD on a bottle of ibuprofen. Diagnosis of Depressive ds NOS, Anxiety ds NOS, Insomnia and Pain ds were given to him. Per report from 01/23/2013, the psychiatric symptoms are sadness, poor interest, poor concentration, social isolation, trouble sleeping, hypervigilant, trauma, avoidance etc. Diagnoses of Major Depressive ds, recurrent, mild and Post Traumatic stress disorder, chronic are given to him. Report from 04/18/2013 the IW has headaches, is intensely depressed with low mood, continues to ruminate about robbery and sleep patterns are poor, is hypervigilant and becomes panicky. Report from 6/24/2013 lists subjective complaints as anxiety, depression, startle response, phobic avoidance, flashbacks, social withdrawal, irritability, nightmares. Objective findings are depressed, anxious, angry affect and he is poorly groomed. BAI from that date is 36 and BDI is 22. Paxil 20 mg is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) DAYS/ FOUR (4) WEEK PROGRAM FOR IMMEDIATE PSYCHIATRY TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS, 23

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, , PTSD psychotherapy interventions

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker was approved for 8-12 sessions of CBT. Unsure if he received them, the progress made with them etc. It doesn't seem like available outpatient interventions have been tried yet. ODG recommends up to 50 sessions of psychotherapy for severe PTSD. The request for immediate psychiatric treatment for 30 days/4 week program is not medically necessary at this time since the more conservative approach hasn't been fully tried yet.