MAXIMUS Federal Services

Case Number:	CM14-0116453		
Date Assigned:	08/04/2014	Date of Injury:	04/16/2013
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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 Board Certified in Psychologist, and is licensed to practice in Texas. 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 injured worker is a 48-year-old female who reported an injury on 04/16/2013. The mechanism of injury was an attack at work. The injured worker was diagnosed with post-traumatic stress disorder, depressive disorder NOS, anxiety disorder NOS, pain disorder affecting both psychological factors and a general medical condition, primary insomnia related to pain and depression, psychosexual dysfunction female orgasm disorder, and situational psychosocial stressors. Prior treatments included psychotherapy. A psychological evaluation was performed on 06/20/2013. The physician suggested symptoms of anxiety and depression were in response to experiencing injuries to her upper and lower extremities as well as psychological issues leading up to her inability to work. The injured worker was limited in coping resources and appeared to be experiencing conflict in her approach at problem solving her stressors. She was preoccupied with her physical condition affecting her mood, sense of self, and daily functioning. The injured worker scored a 29 on the Beck Depression Inventory and a 26 on the Beck Anxiety Inventory. The physician diagnosed the injured worker with post-traumatic stress disorder, depressive disorder, pain disorder affecting both psychological factors and a general medical condition, and primary insomnia. On 01/22/2014 the injured worker scored a 33 on the Beck Depression Inventory. On 04/21/2014 the injured worker scored a 35 on the Beck Depression Inventory. On 05/01/2014, the injured worker reported constant headaches, located to the back of her head, rated 10/10. The injured worker reported dizziness, vertigo, blurred vision, nausea, memory problems, depression, anxiety, sleep difficulty, and sensitivity to light and sound. The injured worker saw her provider on 05/05/2014 where she stated she was depressed. She was angry, irritable, and agitated when remembering or talking about the incident at work. The provider noted the injured worker had no closure and was very upset and angry. On 05/05/2014, the physician noted the injured worker was kept in appearance and hygiene with

normal speech and she appeared withdrawn. The physician noted a depressive mood congruent to the affect. She had good attention and concentration and the injured worker reported oversleeping. Her appetite has decreased since her injury. She was alert and oriented and denied suicidal thoughts. She denied threatening others, and was compliant with her medications. The physician prescribed Paxil, Trazodone, and Tramadol. The physician was seeking to continue psychotherapy for the injured worker to alleviate current symptoms. The physician was requesting psychotherapy follow-up 2 x a week for 3 months for a total of 24 visits. The rationale was the injured worker still exhibited signs of depression and anxiety. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy follow up 2x week for 3 months #24: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The California MTUS guidelines recommend patients be assessed for risk factors for delayed recovery, including fear avoidance beliefs. The guidelines recommend initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The Official Disability Guidelines recommend up to 13-20 sessions of individual sessions of cognitive behavioral therapy over 7-20 weeks if progress is being made. In cases of severe depression and post-traumatic stress disorder, the guidelines recommend up to 50 sessions if progress is being made. For psychotherapy recommend 13-20 individual session visits over 7-20 weeks. There is a lack of documentation indicating exactly how many sessions of psychotherapy the injured worker has completed. Per the most recent documentation, the injured worker's Beck Depression inventory score has increased from 29 on 06/20/2013 to 35 upon assessment on 04/21/2014. The injured worker has not had any improvement with the prior sessions of psychotherapy per the provided assessments. As such, the request is not medically necessary.