

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0117126 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 08/21/2012 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/10/2014 |
| 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 39-year-old female who reported an injury on 08/31/2012 related to on the job stress. The injured worker was diagnosed with adjustment disorder with anxiety, major depressive disorder esteem moderate and psychological factors affecting medical condition. The record review and report dated 02/12/2014 noted the injured worker underwent a psychological assessment on 05/29/2013. The injured worker presented with complaints of anxiety, depression, sleep disorder, nightmares, anger, irritability, social withdrawal, tearfulness, poor self-esteem, poor concentration, forgetfulness, and PTSD. The physician noted respiratory issues, fatigue, weight change, compulsive eating, appetite loss, and dizziness. The injured worker scored a 28 on the Beck Depressions Inventory which indicated moderate to severe depression and a 16 on the Beck Anxiety Inventory which indicated moderate anxiety. The injured worker had a Global Assessment of Functioning score of 57. Wahler physical symptoms suggested a high degree of preoccupation with her somatic symptoms and physical functioning, and MMPI-2 profile indicated her test responses were valid. The injured worker was treated with psychotherapy and evaluation of psychotropic medications. On 04/30/2014 the injured worker presented with anxiety and crying. The physician noted she had depression and anxiety, and the injured worker was in need of continued psychiatric sessions. Counseling was provided; no testing was documented. The injured worker was prescribed Prozac, Ambien, and Ativan. The physician recommended continued medications and continued psychiatric sessions. The physician was requesting 20 weekly sessions of psychotherapy between 04/30/2014 and 12/30/2014 due to continued inability to respond to therapy sessions and to improve coping mechanisms to allow her to return to work. The Request for Authorization Form was signed on 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Weekly Sessions of Psychotherapy Between 4/30/2014 and 12/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- MENTAL ILLNESS & STRESSPSYCHOTHERAPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. The injured worker has clear evidence of traumatic injury and has been diagnosed with posttraumatic stress disorder and major depressive disorder. Office visits from 05/29/2013 to 04/30/2014 indicated the injured worker was unresponsive to treatments. The requesting physician did not provide a psychological assessment which was performed after the completed sessions of psychotherapy. There is a lack of documentation indicating how many sessions of psychotherapy have been completed to date. The physician's request for an additional 20 sessions with no objective evidence of objective functional improvement exceeds MTUS guidelines. As such, the 20 Weekly Sessions of Psychotherapy Between 4/30/2014 and 12/30/2014 are not medically necessary.