

Case Number:	CM14-0117806		
Date Assigned:	08/06/2014	Date of Injury:	11/28/2006
Decision Date:	09/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 that were provided for this independent review, this patient is a 51-year-old male who reported an industrial/occupational work injury on November 28, 2006. The patient has reported that the injury occurred when he was a victim of robbery by gunpoint while working as a mailer/shipping clerk for Acorn Industries. He has been diagnosed with Posttraumatic Stress Disorder; and Major Depressive Disorder with Suicidal Ideation and Psychotic Features. It is reported that he suffers from severe flashbacks, panic attacks, headaches, concentration and memory impairments, and chronic pain throughout his body due to the gunpoint robbery at his workplace. It is reported that he fears African-American males and is a danger to himself and others and could be severely hurt or kill somebody at any point. It is also noted that the patient should have a psych technician or LVN in order to be restrained if needed and avoid a catastrophe. There is a hospitalization note that he tried, unsuccessfully, to end his life by walking in front of a motor vehicle and was psychiatrically hospitalized. Additional recent note states that he is incapacitated due to widespread pain and weakness and limitations in activities of daily living and is a candidate for skilled nursing home care to help with shopping, meal preparation, financial management, medication compliance, and to arrange transportation to appointments and that he is partially homebound and not able to leave the home without assistance. There are reported symptoms from an evaluation in October 2013 that stated he experiences feelings of depression, fatigue when depressed and anxiety after flashbacks with nightmares and stress and anxiety. And that he had been participating in group therapy that was providing feelings of stability and security.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral therapy 3x/week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain and ODG, 11th Edition (web) Mental Illness & Stress, Cognitive Therapy for PTSD.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines (ODG, June 2014 update).

Decision rationale: According to the MTUS guidelines for cognitive behavioral therapy, patients may have up to a maximum of 10 sessions if they are demonstrating objective functional improvement as a response to an initial set of 3 to 4 sessions. The Official Disability Guidelines (ODG, June 2014 update) allow for a more generous and lengthy course of treatment that is usually more appropriate than the stringent MTUS guidelines, and specifies that after an initial treatment trial additional sessions up to a maximum of 13-20 may be offered, if progress is being made. In very rare cases of severe symptomology additional sessions up to 50 might be allowed, if progress is being made. It is noted that the patient has already been receiving cognitive behavioral therapy, but the total number of treatment sessions that he has been offered to date was not indicated this is an essential piece of information that must be included on any subsequent treatment requests because the ability to authorize additional sessions is contingent on the total number that has been allowed which cannot be assessed without this information. This request was for individual cognitive behavioral therapy three times a week for a total of three months. This request would be the equivalent of approximately 36 sessions. The request exceeds reasonable guidelines for psychological treatment for most patients. Even if the rare circumstance exemption that allows for up to 50 sessions were applicable in this case the total treatment number of sessions authorized in one block is not supported as medically necessary. Treatment progress notes date back to at least 2011. It is clear that the patient is continuing to have severe and significant psychiatric symptomology. However, the justification for sessions to be held three times a week for such a long period of time without ongoing demonstration of both continued medical necessity and more importantly objective functional improvement that results from the treatment negates the procedural requirements as stated in the MTUS/ODG that continued treatment is based on progress and improved functional capacity and not based solely on symptomology. This request is not medically necessary based on the quantity being requested, the frequency of sessions each week, the lack of information with regards to the total number of sessions and he's already had, the lack of allowing for ongoing progress to be monitored in an active way, and concerns with regards to this treatment modality being provided for many years without a significant or substantial change in his overall level of functioning. The medical necessity has not been established for continued individual psychotherapy three times a week for three months.