

Case Number:	CM14-0125325		
Date Assigned:	08/11/2014	Date of Injury:	06/07/2013
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 28-year-old female who reported an injury on 06/07/2013, due to a grazing gunshot wound to the left hip while at work. The injured worker was diagnosed with a gunshot wound to the left hip, post-traumatic stress disorder, and anxiety and depression. Prior treatments included cognitive behavioral psychotherapy and stress reduction biofeedback. An x-ray was performed on an unspecified date noting there were no abnormalities to the pelvis or left hip. The injured worker was seen on 06/11/2014, complaining of pain to the left hip. The clinical note dated 02/27/2014 indicated the injured worker presented with persistent complaints of depression and anxiety. The physician noted she was under the care of a psychiatrist who was prescribing her medications and she stated her medications were increased a week prior to the office visit because it was not helping. The physician noted she was in the same condition regarding her depression and anxiety. The injured worker lacked interest in old hobbies; she was sleeping a great deal, and was having crying spells. For the left hip, the injured worker stated there was no more pain and the physician noted the injured worker had full range of motion. The primary care physician did not prescribe any medications. On 06/11/2014, the injured worker saw her orthopedic physician with complaints of depression, anxiety, and feeling hopeless. She was irritable and reported weight gain of 20 pounds. The injured worker complained of sexual difficulties and difficulty sleeping. The injured worker noted prior to the injury she enjoyed recreational activities. However, she has not been able to participate in these activities due to knee and low back pain as well as psych issues. The injury also reports difficulties with activities of daily living due to psychological issues, lack of motivation, and depression. The injured worker complained of increased left hip pain with prolonged walking or ascending stairs. The examination was consistent with a gunshot

wound to the left hip and the physician noted the injured worker had posttraumatic stress. The physician referred transfer of care to another psychiatrist and psychologist to assist the injured worker. The physician noted the psychologist diagnosed the injured worker with posttraumatic stress disorder with depression, agoraphobic elements, and paranoid features, as well as psychological factors affecting medical conditions such as stress-induced headaches and shortness of breath. The physician noted the psychologist provided cognitive behavioral psychotherapy and stress reduction biofeedback as recommended by the psychiatrist. The physician also noted the psychiatrist prescribed psychotropic medications. However, the injured worker did not benefit from the prescribed medications; therefore, the dosages were increased. From a psychiatric standpoint, the injured worker was temporarily totally disabled. On 07/14/2014, the injured worker saw her psychiatrist. The psychiatrist noted a comprehensive psychiatric report was issued from his office on 10/11/2013. It stated the injured worker exhibited abnormal behavior with emotional withdrawal, excessively rapid speech, and elements of emotional mistrust. The injured worker displayed depressive facial expressions while she described a traumatic shooting incident when a person started to shoot at the bus which she was riding to the yard. The injured worker developed posttraumatic reaction resulting in fear of being alone, leaving her house, riding a bus or going to public places. She became fearful to the point of a paranoid orientation. She described panic attacks and nightmares. The injured worker was requesting psychotherapy. The physician noted the injured worker received 17 of 19 certified cognitive behavioral therapy sessions and 10 certified biofeedback sessions. The injured worker stated that due to her serious posttraumatic stress disorder she required further treatment. The injured worker noted diminished depression, allowing her to participate in activities of daily living. The injured worker indicated the treatment started to make her and her surroundings feel good and look good. With the diminishment of anxiety there were also improvements in her ability to concentrate enough to follow a television show. However, depending on what she was watching she sometimes tended to shut down. Despite the psychological improvement, the injured worker remained symptomatic with residuals requiring further treatment in the areas of depression, panic, and stress intensified, low back tension/pain. Due to her serious posttraumatic stress disorder, she was still unable to socialize or trust anyone. The psychiatrist prescribed Xanax and Prozac for the injured worker. The physician was requesting cognitive behavioral psychotherapy due to noted improvement with the prior treatment and the need for additional therapy sessions to diminish signs and symptoms of posttraumatic stress disorder. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment/cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines : Psychotherapy Guidelines.

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

Decision rationale: The request for Cognitive Behavioral Psychotherapy is not medically necessary. 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. On 07/08/2014, the physician noted an improvement in anxiety and stress related to post-traumatic stress disorder. The injured worker still manifests signs and symptoms related to this complaint. The physician documented the injured worker has completed 17 of 19 certified CBT sessions and 10 certified biofeedback sessions. The physician reported that due to her serious post-traumatic stress disorder, she would require further treatment. The physician did not include a psychological assessment with testing scores prior to beginning treatment as well as after completion of treatment which demonstrated objective measures by which to assess objective improvement with the prior sessions. The submitted request does not indicate the number of sessions being requested. As such, the request is not medically necessary.