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| Case Number: | CM14-0151020 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 05/28/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 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:

The claimant is a 62 year-old female (██████████) with a date of injury of 5/28/13. The claimant sustained injury to her left hand, left hip, left shoulder, and psyche when she was attacked, knocked down, kicked, and had her purse stolen while working as an Eligibility Technician for the ██████████. In a "Progress Note" dated 8/28/14, ██████████ diagnosed the claimant with: (1) Cervicobrachial syndrome; and (2) Post-traumatic stress disorder. In his 8/18/14 letter, treating psychologist, ██████████, confirmed the diagnosis of PTSD. However, in his 8/18/14 PR-2 report, ██████████ diagnosed the claimant with adjustment disorder. The claimant has been receiving psychological services including group and individual therapy and biofeedback since the November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psycho-education group protocol over two months Qty: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of PTSD or the use of group therapy therefore; the Official Disability Guideline regarding the use of group therapy to treat PTSD will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by ██████████ in October 2013 and followed-up with psychological services including group and individual therapy as well as biofeedback services. It appears that she remains symptomatic and in need of further services. Although the claimant remains symptomatic, the included documentation from the treating mental health professionals is inadequate. It is unclear from the records as to how many sessions of each modality have been completed to date nor the objective functional improvements of those sessions as the documentation is both inconsistent and insufficient. There was one biofeedback note dated 3/12/14 indicating session #7. No other biofeedback notes were included. Lastly, there was only one group note dated 7/7/14 included for review. Without sufficient and consistent information regarding all completed services, the need for additional treatment cannot be fully determined based on the Official Disability Guidelines. As a result, the request for "Weekly psycho-education group protocol over two months Qty: 6.00" is not medically necessary. Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

6-10 weekly CBT sessions over 5-6 weeks Qty: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore; the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by ██████████ in October 2013 and followed-up with psychological services including group and individual therapy as well as biofeedback services. It appears that she remains symptomatic and in need of further services. In a "Progress Note" dated 8/28/14, ██████████ stated, "...it is my opinion, to a reasonable degree of medical certainty, that this ongoing issue of post-traumatic stress syndrome needs to be addressed independently and comprehensively before full return to work....She is still having nightmares and flashbacks, this needs to be dealt with by a trained board certified psychologist or psychiatrist who can help her navigate the course of this functional recovery in relationship to emotional stability...the patient has verbalized nightmares and stress and anxiety which ultimately affects her cognition, memory and concentration." Although the claimant remains symptomatic, the included documentation from the treating mental health professionals is inadequate. It is unclear from the records as to how many sessions of each modality have been completed to date nor the objective functional improvements of those sessions as the documentation is both inconsistent and insufficient. Although there are periodic PR-2 reports submitted from ██████████ (which many of them list a diagnosis of adjustment disorder instead of PTSD), many of the PR-2 reports do not provide information about the number of completed sessions nor the exact objective functional improvements of each modality being utilized. The most recent PR-2 report dated 8/18/14,

presents rationales for further treatment that do not seem relevant to this case. For example, the rationale for continued CBT being given is for the claimant's chronic pain rather than her PTSD symptoms, which appear to be the most disabling at this time. Additionally, there is a recommendation for a neuropsychological assessment "to determine the extent his brain injury has impacted his cognitive skills. Without sufficient and consistent information regarding all completed services, the need for additional treatment cannot be fully determined based on the Official Disability Guidelines. As a result, the request for "6-10 weekly CBT sessions over 5-6 weeks Qty: 10.00" is not medically necessary.

Office visit with comprehensive history/exam, moderately complex decisions and coordination of care Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of office visits therefore, the Official Disability guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by ██████████ in October 2013 and followed-up with psychological services including group and individual therapy as well as biofeedback services. It appears that she remains symptomatic and in need of further services. In a "Progress Note" dated 8/28/14, ██████████ stated, " ...it is my opinion, to a reasonable degree of medical certainty, that this ongoing issue of post-traumatic stress syndrome needs to be addressed independently and comprehensively before full return to work....She is still having nightmares and flashbacks, this needs to be dealt with by a trained board certified psychologist or psychiatrist who can help her navigate the course of this functional recovery in relationship to emotional stability...the patient has verbalized nightmares and stress and anxiety which ultimately affects her cognition, memory and concentration." Although the claimant remains symptomatic, the included documentation from the treating mental health professionals is inadequate. It is unclear from the records as to how many sessions of each modality have been completed to date nor the objective functional improvements of those sessions as the documentation is both inconsistent and insufficient. Although there are periodic PR-2 reports submitted from ██████████ (which many of them list a diagnosis of adjustment disorder instead of PTSD), many of the PR-2 reports do not provide information about the number of completed sessions nor the exact objective functional improvements of each modality being utilized. The most recent PR-2 report dated 8/18/14, presents rationales for further treatment that do not seem relevant to this case. The included treatment/progress notes are not adequate as there were only two recent individual progress notes dated 8/6 and 8/13 and one prior note dated 2/28/14. There was one biofeedback note dated 3/12/14 indicating session #7. No other biofeedback notes were included. Lastly, there was only one group note dated 7/7/14 included for review. Without sufficient and consistent information regarding all completed services, the need for additional treatment cannot be fully determined based on the Official Disability Guidelines. As a result, the

request for "Office visit with comprehensive history/exam, moderately complex decisions and coordination of care Qty: 1.00" is not medically necessary.

6-10 weekly biofeedback therapy sessions over 5-6 weeks Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by ██████████ in October 2013 and followed-up with psychological services including group and individual therapy as well as biofeedback services. It appears that she remains symptomatic and in need of further services. In a "Progress Note" dated 8/28/14, ██████████ stated, " ...it is my opinion, to a reasonable degree of medical certainty, that this ongoing issue of post-traumatic stress syndrome needs to be addressed independently and comprehensively before full return to work....She is still having nightmares and flashbacks, this needs to be dealt with by a trained board certified psychologist or psychiatrist who can help her navigate the course of this functional recovery in relationship to emotional stability...the patient has verbalized nightmares and stress and anxiety which ultimately affects her cognition, memory and concentration." Although the claimant remains symptomatic, the included documentation from the treating mental health professionals is inadequate. It is unclear from the records as to how many sessions of each modality have been completed to date nor the objective functional improvements of those sessions as the documentation is both inconsistent and insufficient. Although there are periodic PR-2 reports submitted from ██████████ (which many of them list a diagnosis of adjustment disorder instead of PTSD), many of the PR-2 reports do not provide information about the number of completed sessions nor the exact objective functional improvements of each modality being utilized. The most recent PR-2 report dated 8/18/14, presents rationales for further treatment that do not seem relevant to this case. For example, the rationale for continued CBT being given is for the claimant's chronic pain rather than her PTSD symptoms, which appear to be the most disabling at this time. There was one biofeedback note dated 3/12/14 indicating session #7. No other biofeedback notes were included. Lastly, there was only one group note dated 7/7/14 included for review. Without sufficient and consistent information regarding all completed services, the need for additional treatment cannot be fully determined based on the Official Disability Guidelines. As a result, the request for "6-10 weekly biofeedback therapy sessions over 5-6 weeks Qty: 2.00" is not medically necessary.

Psychiatric medication evaluation and treatment Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by [REDACTED] in October 2013 and followed-up with psychological services including group and individual therapy as well as biofeedback services. It appears that she remains symptomatic and in need of further services. In a "Progress Note" dated 8/28/14, [REDACTED] stated, "it is my opinion, to a reasonable degree of medical certainty that this ongoing issue of post-traumatic stress syndrome needs to be addressed independently and comprehensively before full return to work. She is still having nightmares and flashbacks, this needs to be dealt with by a trained board certified psychologist or psychiatrist who can help her navigate the course of this functional recovery in relationship to emotional stability...the patient has verbalized nightmares and stress and anxiety which ultimately affects her cognition, memory and concentration." Because the claimant is currently not treating with a psychiatrist and would likely benefit from the additional support of psychotropic medications, the request for a "Psychiatric medication evaluation and treatment Qty: 1.00" is medically necessary.