

Case Number:	CM14-0151608		
Date Assigned:	09/19/2014	Date of Injury:	03/20/2014
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Psychiatry 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:

Injured worker is a male with date of injury 3/20/2014. Date of the UR decision was 9/4/2014. Mechanism of injury was being assaulted (punched in the head repeatedly) by shoplifter at work in which he suffered first injury to left side of jaw and head. Report dated 8/19/2014 stated that he returned for a visit to focus on addressing symptoms involving depression, sleep issues, and trauma; since last visit these symptoms had improved. The medications being prescribed for him per that report were Nortriptyline 10 mg daily at bedtime for 1 week; may increase by 1 capsule every week if pain not relieved. He also continued to suffer from daily headaches and was amenable to taking sleep and pain medications to address these symptoms; depressive symptoms had deteriorated further; continued to complain of severe nightmares related to his industrial trauma per the report. He has been diagnosed with head Contusion/post-traumatic stress disorder; major depression, single episode; headache; neck muscle strain; (L) thumb extensor strain, forearm level; post-traumatic stress disorder. He was authorized for an additional 6 weekly sessions of Exposure Therapy specific to the treatment of Post Traumatic Stress Disorder with anticipation of documentation of progress towards specific, functional goals to support any request for additional treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional weekly Exposure Therapy times 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental, Cognitive therapy for PTSD; Exposure therapy

Decision rationale: ODG guidelines state "Cognitive therapy for PTSD: Recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFEBT), stress management and group TFEBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFEBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFEBT was also more effective than other therapies. Patient selection criteria for Exposure Therapy (ET):- Patients need to be screened for their suitability prior to undergoing ET as it may temporarily increase their level of distress.- Patients living in dangerous circumstances (e.g., domestic violence or a threatening environment) are not candidates for ET until their security can be assured.- Other contraindications for ET have not been confirmed in empirical research, but may include health problems that preclude exposure to intense physiological arousal, current suicidal ideation, substance abuse not in stable remission, co-morbid psychosis, or lack of motivation to undergo the treatment.- Because this treatment may increase distress and PTSD symptoms in the short term, it is not well accepted by all patients, some of whom may drop out of treatment. Therefore, providers must take concrete steps to prepare patients for the treatment (e.g., present clear rationale, explore patient concerns, encourage realistic expectations, and build commitment to the therapy) in order to reduce the risk of dropout. The submitted documentation does not clearly indicate the number of Exposure Therapy sessions he has completed so far. Also, there is no evidence of objective functional improvement from it. The request for Additional weekly Exposure Therapy times 10 sessions is not medically necessary based on the lack of information regarding prior treatment.

Referral to Department of Psychiatry for Comprehensive Medication Evaluation and Depression Management Program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Mechanism of injury was being assaulted (punched in the head repeatedly) by shoplifter at work in which he suffered first injury to left side of jaw and head. Report dated 8/19/2014 stated that he returned for a visit to focus on addressing symptoms involving depression, sleep issues, and trauma. The request for Referral to Department of Psychiatry for Comprehensive Medication Evaluation and Depression Management Program is medically necessary based on the severity of the symptoms.

