

Case Number:	CM14-0157394		
Date Assigned:	09/30/2014	Date of Injury:	08/16/2012
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 30 year old male who reported an occupational/industrial injury that occurred on August 16, 2012, on that date he sustained a first-degree burn to the back of his neck when a piping slipped and made contact with his neck. No treatment records were provided regarding his medical care subsequent to the injury. No comprehensive report describing the patient's injury and how it resulted in psychological disorder that requires treatment was provided. Recent progress notes from three treatment sessions were provided but are out of context because of the missing information. A psychological progress note by the patient's primary treating psychologist dated September 2014 refers to a detailed comprehensive psychological evaluation that was not included for this review. There was no date indicated when this report was completed that would allow for an estimate of how long the patient has been in psychological treatment. The progress note mentions that the patient attended his fifth out of six visits and that he appeared nervous and complained of too many financial burdens that he was unable to meet and that he "felt nervous and bothered by flashbacks." A treatment goal was mentioned: "increasing his affect regulation associated with unbidden memories and images related to his work trauma, by participating in a desensitization treatment, he succeeded in greatly reducing his experience of tension by deliberately reliving the flashback memory." The patient has been treated with psychotherapy and psychophysiological therapy monitoring heart rate variability. According to the treating psychologist, "functional improvement was evidenced by his success in significantly decreasing the bodily tension and feelings of distress that accompany some of his flashbacks related to his work trauma." Comparison of psychological testing from July 29, 2014 with September 9, 2014 there was an increase in psychoticism, and the patient continued to experience symptoms of anxiety, depression, obsessive-compulsiveness, phobic anxiety, interpersonal sensitivity,

paranoid ideation. He has been diagnosed with: Posttraumatic Stress Disorder; Major Depressive Disorder, Single Episode, unspecified severity.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Minutes Psychotherapy Session Between 9/12/2014 and 10/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment Page(s): 101, 102.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: This treatment request was is for: "60 Minutes Psychotherapy Session Between 9/12/2014 and 10/27/2014." The quantity of sessions being requested was not specified. Requests for psychological therapy being submitted for IMR must contain an exact quantity being requested. According to the MTUS/ODG guidelines for psychological treatment, it is: "recommended for appropriately identified patients during the treatment for chronic pain. Psychological intervention for chronic pain setting goals, determining appropriateness of treatment, conceptualizing a patient's beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression panic disorder and PTSD." The guideline for quantity of sessions is 13-20 maximum for most patients. In some cases of severe psychopathology additional sessions can be offered if progress is being made. Without knowing the quantity of sessions being requested, and the total number of prior sessions, it is not possible to determine if additional sessions fall within the suggested guidelines. It is not clear how the patient's PTSD occurred as a result of the injury noted above. There is a treatment progress note from June 2014 that mentions a recent trauma which he was robbed and pistol whipped and suffered multiple skull fractures, however this does not appear to be related to his industrial injury. Because no details about the work injury were provided, it's unclear how it resulted in post-traumatic stress disorder and related reported nightmares. The total course of this patient's treatment was not provided. Although it was indicated on one progress note that the patient has completed 5/6 that had been authorized, it is not clear if this is the entirety of his treatment and that it started with this block; or if prior treatment authorizations have been offered in the past and were not included in the total. It appears that is not a newly started treatment but this could not be verify for certain with the information provided. In addition, additional sessions are contingent upon documented objective functional improvements and not solely based on the presence of symptomology. Objective functional improvements include increased activities of daily living, reductions in work restrictions, and reduction in dependency on future medical care. Although the patient does appear to be benefiting in some respects from the treatment that has been provided (decreased anxiety and better able to discuss PTSD trauma with increased hopefulness), there are also indications that his symptomology is getting worse time (increased psychoticism and continued marked symptomology) rather than meeting the definition for

objective functional improvement. Because of an unspecified quantity of sessions being requested, missing information about the patient's industrial accident and how it resulted in psychological symptoms, and limited functional improvement from prior treatments the UR decision is upheld.