MAXIMUS Federal Services

Case Number:	CM14-0157971		
Date Assigned:	10/01/2014	Date of Injury:	07/03/2014
Decision Date:	12/24/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/26/2014

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 Psychology, has a subspecialty in Health Psychology and pain management 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 IMR, this patient is a 49 year old male who reported and industrial injury that occurred during the course of his employment as a correctional officer at [redacted] on July 3, 2014. The injury is a stress claim associated with a reported hostile work environment created by his immediate supervisor that has resulted in the patient reporting symptoms of anxiety, stress, disrupted concentration and memory loss. The patient stated "I've been working in a stressful state for many months, but recently my current supervisor has created such a hostile work environment that I can no longer perform my job in an effective manner." He reports feeling like his "chest is beating, poor sleep, and rumination." He was diagnosed psychiatrically with: adjustment disorder with anxiety-situational. Current treatment plan states "discussed sleep, exercise, and diet discussed relaxation techniques." Patient was taken off work briefly, and it appears the recommendation was for him to return to work with the restriction of avoiding interactions with the problematic supervisor. A handwritten psychological report dated September 10, 2014 from the patient's primary treating psychologist was handwritten and mostly illegible. A request was made for 8 psychotherapy sessions to be held one time a week, utilization review non-certified the request and stated that "worker with three-month history of alleged psychiatric stress injury for the available clinical documentation is insufficient to meet the industrial guidelines for medical (psychiatric) necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY SESSIONS ONCE PER WEEK FOR 45 DAYS(SESSIONS QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, psychological treatment, See also cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.The request for 8 sessions of psychotherapy is not supported as being medically necessary by the documentation provided for this independent review. Although the patient states that he loves his job and is undergoing significant stress that is making it difficult for him to work, the level of psychological/psychiatric symptomology does not appear to meet the threshold level of severity that requires ongoing psychological treatment. The issue appears to be primarily interpersonal in nature and by and large caused by work conflict. The patient was given time off work and appears to have been returned to work with the restriction of limited contact with the difficult supervisor/person. It is unclear whether or not this is a workable solution and is adequately addressing the situation. The case for continuing and ongoing psychological care based on the interpersonal situation at work is not supported. No clear treatment plan was presented describing the proposed 8 sessions with goals for objective functional improvement and expected dates of completion. Without a clear description of how psychological treatment would impact an ongoing interpersonal work conflict, the medical necessity of the request was not established. The request is not medically necessary and appropriate.