MAXIMUS Federal Services

Case Number:	CM14-0163292		
Date Assigned:	10/08/2014	Date of Injury:	07/15/2014
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 56-year-old female who reported an injury on 07/15/2014 due to cumulating issues. The injured worker began working for a new company in 01/2013. Prior to that, she worked at an investor's. When the opportunity opened for her to work in a new business that had formed, she went willingly, along with others, including her boss, who has the controller. In the new setting, the injured worker was hired as the office manager. It was reported that things went relatively smoothly until the company hired an assistant controller in 11/2013. The controller retired in 05/2014 and the new young assistant controller became the controller (boss). The injured worker indicated that from the onset of her work there, the new controller did not particularly like her. However, the hostility increased when she became the controller. The new controller started taking away the injured worker's jobs little by little. Things culminated on 07/15/2014 when the new controller confronted the injured worker with rudeness, demeaning her as doing no good in the office. As result of this confrontation, the injured worker developed panic attacks. Her family physician placed her on disability. The injured worker has not been back since that time. The injured worker had a comprehensive psychological evaluation on 08/28/2014 with reported complaints of anxiety and depression, sleep disturbance, problems with memory and concentration, headaches, orthopedic symptoms, and elevated blood pressure. Examination revealed the injured worker had difficulty with complex tasks. The mood was anxious and depressed. The injured worker periodically broke down crying. Content of thought was focused primarily on her last job and her future. The injured worker admitted to having problems with her memory and concentration, particularly to short term information. The injured worker was administered psychological testing reported of portions of the Wechsler Adult Intelligence Scale III; portions of the Wechsler Memory Scale, revised; Rorschach ink blot technique; and Thematic Apperception Test. Diagnoses per DSM V criteria, adjustment disorder

with mixed anxiety and depressed mood. This included marked distress that was outside proportion to the severity of the stressor. It had caused significant distress or impairment in social, occupational, and important areas of functioning predominantly but not meets the full criteria for any disorder in the trauma/stressor related disorders. Symptoms include depressed mood, psychomotor agitation, lowered self-esteem, social withdrawal, crying spells, and crying with memory and concentration. In addition, there were psychological factors affecting medical condition as it was related to her low back and shoulder pain, hypertension, and headaches. It was reported "based on all the information available to me so far, I am of the opinion, based on medical probability, that the actual events of her job namely the hostile work environment, discrimination, racial and age bias, isolation tactics, humiliating statements, have presented by far the predominant note in file states cause (over 51%) in the development of her psychological symptoms and caused the psychological disorder that the injured worker continues to manifest at this time. It is further my opinion that she became temporarily totally disabled on a psychological basis, following the confrontation with the controller on 07/15/2014." Treatment plan was for psychological treatment on once a week basis for the next 3 months. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Individual or Group Psychotherapy once a week for 12 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Behavioral Therapy (CBT), and Psychotherapy Guidelines

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

Decision rationale: The decision for Request for Individual or Group Psychotherapy once a week for 12 weeks is medically necessary. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. It was reported that the injured worker was having crying spells, problems with memory and concentration, depressed mood, anxiety attacks and lowered self- esteem. The injured worker had been put on citalopram 40mg for depression prior to the psychological evaluation. Specialty testing on the Wechsler Memory Scale revealed a score below her potential, suggesting the injured worker is experiencing problems with short-term memory. It was also reported that the injured worker had problems with paying close attention to details in her environment. In addition, it was noted the testing revealed weakness in areas that involve speed, motor coordination, immediate recall,

depressed mood, and social withdrawal. The clinical information submitted for review does provide evidence to justify Individual or Group Therapy once a week for 12 weeks. This request is medically necessary.