

Case Number:	CM14-0167285		
Date Assigned:	10/13/2014	Date of Injury:	03/21/2013
Decision Date:	12/04/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/03/2014

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 licensed 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 34 year-old female (██████████) with a date of injury of 3/21/13. The claimant sustained orthopedic injuries to her left ankle, left knee, and left hip as well as injury to her psyche when she jumped over the pharmacy counter and fell while trying to get away from an angry customer who chased her while working for ██████████. In his "Agreed Medical Evaluation" in psychiatry dated 5/28/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, in partial remission; (2) Posttraumatic stress disorder; and (3) Generalized anxiety disorder. Additionally, in the most recent PR-2 report dated 7/11/14, ██████████ and ██████████ diagnosed the claimant with Major depressive disorder, single episode, mild; (2) PTSD; and (3) Insomnia. The claimant has been receiving psychotropic medication management services from ██████████ and psychological services with ██████████ and his colleagues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1x week for 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

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, Cognitive therapy for PTSD.

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 has continued to experience chronic pain since her injury in March 2013. She also developed psychiatric symptoms involving depression and anxiety (related to PTSD) and has been treating with psychiatrist, [REDACTED], and psychologist, [REDACTED], and or his colleagues for at least one year, if not longer. In the most recent PR-2 report dated 7/11/14, the "objective findings" reported for the claimant is that she has "Sad mood, anxious mood, nervous, and apprehensive. She appears to be less anxious and tense." It is further reported that "the intensity and frequency of her nightmares and flashbacks have decreased with treatment." Despite this report, the information is vague. It does not discuss any objective improvements as recommended by the ODG. There is also no information about the number of sessions of each modality have been completed to date. Without sufficient information regarding the services already completed, the need for additional services cannot be fully determined. Additionally, in his "Agreed Medical Evaluation" in psychiatry dated 5/28/14, [REDACTED] recommended that the claimant "...have 15 psychological visits emphasizing behavioral-cognitive and relaxation techniques, and following the ACOEM Guidelines, Pain Suffering, and the Restoration of Function, pages 105-117..." The claimant has likely already completed the 15 additional sessions as recommended by [REDACTED]. As a result of the insufficient information submitted for review to substantiate the request for additional individual sessions, the request for "Individual psychotherapy 1x week for 4 months" is not medically necessary.

Cognitive behavioral group psychotherapy 1x4 weeks for 4 months: 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 for chronic pain Official Disability Guidelines (ODG); Group Therapy

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, Group therapy.

Decision rationale: The CA MTUS does not address the use of group therapy therefore; the Official Disability Guideline regarding the use of group therapy in the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in March 2013. She also developed psychiatric symptoms involving depression and anxiety (related to PTSD) and has been treating with psychiatrist, [REDACTED], and psychologist, [REDACTED], and or his colleagues for at least one year, if not longer. In the most recent PR-2 report dated 7/11/14, the "objective findings" reported for the claimant is that she has "Sad mood, anxious mood, nervous, and apprehensive. She appears to be less anxious and tense." It is further reported that "the intensity and frequency of her nightmares and flashbacks have decreased with treatment." Despite this report, the information is vague. It does not discuss any objective improvements as recommended by the ODG. There is also no information about the number of sessions of each modality have been

completed to date. Without sufficient information regarding the services already completed, the need for additional services cannot be fully determined. Additionally, in his "Agreed Medical Evaluation" in psychiatry dated 5/28/14, [REDACTED] recommended that the claimant "...have 15 psychological visits emphasizing behavioral-cognitive and relaxation techniques, and following the ACOEM Guidelines, Pain Suffering, and the Restoration of Function, pages 105-117..." [REDACTED] did not specify whether this recommendation was for individual therapy, group therapy, or a combination of both. Either way, it is likely that the claimant has already completed the additional 15 sessions recommended by [REDACTED]. As a result, Cognitive behavioral group psychotherapy 1x4 weeks for 4 months is not medically necessary and appropriate.

Office visit: 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, Office visits.

Decision rationale: The CA MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in March 2013. She also developed psychiatric symptoms involving depression and anxiety (related to PTSD) and has been treating with psychiatrist, [REDACTED], and psychologist, [REDACTED], and or his colleagues for at least one year, if not longer. In the most recent PR-2 report dated 7/11/14, the "objective findings" reported for the claimant is that she has "Sad mood, anxious mood, nervous, and apprehensive. She appears to be less anxious and tense." It is further reported that "the intensity and frequency of her nightmares and flashbacks have decreased with treatment." Despite this report, the information is vague. It does not discuss any objective improvements as recommended by the ODG. There is also no information about the number of sessions of each modality have been completed to date. Without sufficient information regarding the services already completed, the need for additional services cannot be fully determined. Additionally, it is unclear as to the purpose of the requested office visits as there is no information explaining the request. As a result of the insufficient information submitted for review, the request for an "Office visit" is not medically necessary.