MAXIMUS Federal Services

Case Number:	CM14-0168045		
Date Assigned:	10/15/2014	Date of Injury:	07/09/2013
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 medical review, this patient is a 53 year-old male who reported an industrial related accident that occurred on July 9, 2013. At the time of injury the patient had been working as a case manager at [redacted] when he fell at work and injured his left knee. He was treated through Worker's Compensation and made a full recovery. But later felt mistreated by human resources department when he was reportedly accused of exaggerating or fabricating that injury. He noted stressful work conditions extending back to early 2013 and as a result of his work reported developing headache, dizziness, and nausea as well as upper neck and back pain. On the date of injury one of his clients threatened to get him and made a gesture with his finger, pointing it in the shape of a gun. He reported the incident and police were involved but did not take a report. He attempted to return to work but felt threatened by the same client. He has been diagnosed with anxiety disorder not otherwise specified with PTSD features but did not meet the full diagnosis for PTSD. Hand-written primary treating progress reports from the patient's psychologist were for the most part illegible. He has been diagnosed with anxiety disorder NOS. A progress note from August 2014 states that his depression and anxiety are improving and that additional treatment sessions are needed over the next month to monitor progress maintain work status and solidify gains. Another progress note from August 2014 states as depression and anxiety are improving. A request for "continued psychotherapy until the patient is permanent and stationary" was made and non-certified. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Psychotherapy until permanent and stationary: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, cognitive behavioral therapy, Psychological Treatment Page(s. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, 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 (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient, the documentation provided does not support the medical necessity of the requested treatment. The requested treatment is an open-ended request. There is no specification with regards to quantity or duration. Requests for psychological treatment being considered in the IMR process must have a duration and quantity in order to determine if the request conforms to the above stated MTUS/ODG guidelines. The medical necessity of open-ended psychological treatment is not supported by the documentation provided for this IMR. In addition, the treatment progress notes did not reflect, or meet the standard of, objective functional improvements. Although it was mentioned that the patient has shown improvement in anxiety and depression there was no further details provided and no objectively measured indices reflecting progress or change as a result of the treatment. Continued authorization of treatment is contingent not only upon patient symptomology but also objective functional improvements that have been derived from prior treatment sessions, as well as the total quantity of sessions falling within the recommendations. This request does not meet those standards and is therefore not found to be medically necessary.