MAXIMUS Federal Services

Case Number:	CM14-0171815		
Date Assigned:	10/23/2014	Date of Injury:	03/18/2014
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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:

Records reviewed include 342 pages of medical and administrative records. The injured worker is a 52 year old male whose date of injury is 03/18/2014. He was accidentally stabbed in the abdomen by a chef at the restaurant in which he works, who was not carrying the knife correctly. He was taken to the hospital via ambulance. He had no abdominal bleeding, had no surgery, the wound was packed, and he was discharged the same day. He returned to work mid-April 2014. He currently suffers from post-traumatic stress disorder, and left lower quadrant abdominal pain. Medical history includes asthma. Most current reported medications are Gabapentin 600mg at HS, Ketamine 5% cream TID, and Cymbalta 60mg QD (neuropathic pain). He began ERP and hypnosis in April 2014 with [redacted]. Unfortunately there were several episodes in which he was threatened by homeless people around his place of employment which exacerbated flashbacks (see psychological status reports of 05/08/14, 05/27/14, 06/06/14, 07/08/14). He was started on Zoloft which was increased up to 75mg; the patient reported on 05/15/14 that this was not effective. A pain management follow up of 08/20/14 shows that pain is sharp and stabbing, rated at 3-4/10, ketamine alleviates it. Propranolol was discussed but contraindicated due to the patient's asthma and orthostasis. A psychological status report of 08/26/14 indicates that the patient cannot bear to be with homeless people as he feels that he will be stabbed or hit, where previously he would help them without fear. He has had three nightmares the past week involving stabbings or assault. Progressive relaxation was used to reduce anxiety and hypervigilance. A psychological status report of 09/17/14 shows that the patient had a panic attack necessitating an emergency call. He had been avoiding weekly appointments and was highly anxious, having almost gone to the ER. He attested to constant PTSD symptoms at work which include avoidance behaviors, increased startle response, constant intrusive thoughts, and

images of being stabbed. He continues to work but is very stressed by it. He appeared tense, sitting with arms folded tightly as if protecting himself, with one foot shaking in the air. Treatment plan included progressive relaxation until he shows better control over reactivity. Attempts were made to educate the patient about the beneficial effects of SSRI's/beta blockers; however he was not interested despite understanding the potential benefits. An attempt was made to negotiate use on a temporary basis of six months. Psychiatric medication evaluation was recommended as soon as possible. A psychological status report of 09/30/14 indicated that the patient's nightmares were decreased in intensity and frequency, but he reported that he was anxious and hyperventilating more often. The applicant cannot tolerate some degree of exposure by discussing the events of the stabbing. Although he shows discomfort during these conversations he is more readily distracted and contained. He had not yet received a psychiatric medication evaluation. On 09/26/14 a UR shows that partial certification of 6 sessions was given pending objective functional improvement, no further records were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress and ODG psychotherapy guidelines

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 & Stress, PTSD psychotherapy interventions.

Decision rationale: According to the medical records, the patient suffers symptoms classically associated with PTSD. He has shown improvement with treatment received per documentation through 09/30/2014, evidenced by decreased frequency and intensity of nightmares. It is difficult to discern the number of sessions he has received to date. He received partial certification of six sessions on 09/26/14. As of 07/31/14 he had used 11, given reports provided it is probably safe to say that as of 09/30/14 he had used at least 13 sessions. ODG allows up to 20 visits over 20 weeks if progress is being made. Clearly this patient continues to require further treatment however the request for 12 additional psychotherapy sessions is excessive. Given that, this request of Psychotherapy #12 is not medically necessary and appropriate.