

Case Number:	CM14-0021941		
Date Assigned:	05/09/2014	Date of Injury:	01/25/2008
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 61 year-old female (██████████) with a date of injury of 1/25/08. The claimant sustained injuries to her wrists, hands, neck, and right shoulder as a result of cumulative and repetitive work-related movements while working as a Clinical Social Worker for the ██████████. In his 1/3/14 PR-2 report, ██████████ diagnosed the claimant with the following: (1) Head pain; (2) Status post cervical spine surgery with residual arm and hand pain; (3) Cervical spine cord compression with disc protrusion per MRI; (4) Intractable cervical spine pain; (5) Status post cervical spine revision surgery on 6/20/13 with postoperative swallowing complaints and postoperative bilateral upper and lower extremity weakness; (6) Thoracic spine musculoligamentous strain/sprain; (7) Lumbar spine musculoligamentous strain/sprain rule out disc protrusion; (8) Intractable lumbar spine pain; (9) Bilateral shoulder tendinosis and impingement exacerbation; and (10) Bilateral wrists, chronic overuse syndrome. It is also reported that she developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her 1/6/14 "Psychological New Patient Evaluation", ██████████ diagnosed the claimant with: (1) Posttraumatic stress disorder; (2) Depressive disorder; (3) Rule out of non-psychotic paranoia; (4) ADHD; and (5) Organic brain syndrome. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 VISITS OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, page(s) 105-127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS: Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for PTSD Recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TF.

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with psychiatric symptoms, but has not been participating in any recent psychological services. It is noted that she had participated in individual psychotherapy in the past with [REDACTED], but there are no notes offered for review. As a result, the number of sessions completed and the progress from those sessions is not known. In her 1/6/14 psychological evaluation, [REDACTED] suggested follow-up psychotherapy sessions and recommended 15 visits. The ODG indicates that for the treatment of PTSD there should be an "initial 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Utilizing this guideline, the request for 15 sessions exceeds the initial trial of sessions. As a result, the request for "16 visits of Psychotherapy" is not medically necessary.