

Case Number:	CM14-0026583		
Date Assigned:	06/13/2014	Date of Injury:	12/18/2013
Decision Date:	08/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Utah. 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:

This is a 57-year-old year-old female with a 12/18/13 date of injury. She was attacked by a patient and was pushed into a closet and hit in the face. On 2/7/14, psychological testing and clinical interview data reveals that the patient suffered from mild anxiety but no longer from acute stress disorder. Diagnostic impression: Trauma to back, Low back pain and acute stress disorder. Treatment to date: physical therapy, 2 visits- showed improvement, psychotherapy, 3 visits- documented to be helpful, supportive and effective. A UR decision dated 2/18/14 denied the request for psychotherapy, extended sessions and customized compact discs. The exact rationale for denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY EXTENDED SESSIONS, AS PATIENT NEED REFLECTS PSYCHOLOGICAL PROGRESS REPORT ONCE A MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Acute Reaction to Stress.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, although the patient is noted to have improvement with psychotherapy, the guidelines do not support open-ended requests for treatment, as guidelines require ongoing documentation of improvement for additional sessions. In addition, this request is for psychological sessions once a month, for an unknown duration of time. Guidelines only support up to 10 sessions of psychotherapy with documentation of improvement. Therefore, the request for Psychotherapy Extended Sessions, as Patient Need Reflects Psychological Progress Report Once a Month was not medically necessary.

FOUR CUSTOMIZED COMPACT DISCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that a multimedia, computer-assisted form of cognitive therapy with reduced therapist contact may be as efficacious as standard cognitive therapy. However, there is no consistent or overwhelming support for such CDs. In addition, there is no clear history provided regarding the patient's psychological issues and treatment history. There is no specific rationale provided as to why the patient needs the compact discs despite lack of guidelines support. Therefore, the request for Four Customized Compact Discs was not medically necessary.