

<b>Case Number:</b>	CM14-0033224		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Psychologist and is licensed to practice in Texas. 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 injured worker is a 56-year-old female with a reported date of injury on 01/27/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented to be extremely brittle psychologically, as manifested by increased depressive symptoms, some suicidal ideation, sleep disturbance, poor self-esteem and anxiety. According to the documentation provided for review, the injured worker previously attended the [REDACTED]. The clinical documentation indicated, the injured worker presented with multiple psychiatric deficits. According to the documentation, the injured worker left the program early because of Workers' Comp. Within the clinical note dated 03/03/2014, the physician indicated that the injured worker had been authorized to see the psychologist beyond 12 sessions and was being sent back to [REDACTED] for an evaluation and the physician welcomed the latter decision. The injured worker's diagnoses included PTSD and major depressive disorder. The injured worker's medication regimen include BuSpar, Topamax, Risperdal and Effexor. The Request for Authorization for individual therapy 1 times 12 and [REDACTED] was submitted on 05/14/2014. The physician indicated that it was simply impossible for clinicians to make the kind of progress that is necessary to keep the injured worker from needing much more expensive treatment and a psychiatric facility when care is interrupted or has been the case several times over the last year or so.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual therapy 1 x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The California MTUS Guidelines recommend psychological treatment for injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing a psychological and cognitive function and addressing comorbid mood disorders. In addition, the guidelines state that when pain is sustain in spite of continued therapy including the above psychological care, intensive care may be required for mental health professions allowing for multidisciplinary treatment approach. The clinical information provided for review, documents multi-psychological functional deficits. The injured worker has been approved for return to the [REDACTED]. The clinical note dated 03/03/2014, the physician agreed that the injured worker should return to [REDACTED] [REDACTED] for an evaluation instead of the current 12 sessions that were with a psychologist. Therefore, the request for individualized therapy 1 times 12 is not medically necessary and appropriate.

**Referral to [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Psychosocial Adjunctive Methods (for PTSD).

**Decision rationale:** The Official Disability Guidelines recommend psychosocial adjunctive methods as an option for PTSD. Psychosocial adjunctive methods, services should provide a therapeutic intervention that facilitates generalized skills for coping with post-traumatic stress disorder from clinic to home/work/community. Psychosocial rehabilitation techniques should be considered once the client/clinician identify the following kinds of problems associated with a diagnosis of PTSD. Include persistent high risk behaviors, lack of self care/independent living skills, interactions with family that does not understand PTSD, socially interactive, unemployed and encounters of barrier to various forms of treatment rehabilitation services. In addition, the models of psychosocial rehabilitation services includes support housing with forms of housing considered more effective in which clinical services are integrated or efforts are made by treating staff to foster community living. Existing literature for persons with other forms of mental illness demonstrates that case management link to specialize clinical services is more effective than single or warehousing in shelters with other forms of support. The clinical information provided for review includes significant documentation related to the injured worker's psychological functional deficits. Therefore, the request for referral to [REDACTED] is medically necessary and appropriate.

