

Case Number:	CM14-0036962		
Date Assigned:	06/25/2014	Date of Injury:	10/23/2013
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 45-year-old female who reported an injury on 10/23/2013. The mechanism of injury as reported by the patient was held up and threatened at gunpoint for 25 minutes. Diagnosis includes post-traumatic stress disorder. Previous treatments include psychiatry sessions, 15 day support group sessions and medications. Within the clinical note dated 02/18/2014 the injured worker complained she had trouble leaving her house. She complained she had a poor quality of sleep. She reported additional psychotherapy and psychiatric sessions were not approved. On the physical exam the provider noted the injured worker had a depressed and flat affect which improved with further discussion. The provider requested a psychiatric Qualified Medical Evaluation, in continuation with psychotherapist; however, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with Psychiatrist QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 102-103.

Decision rationale: The request for a follow-up with psychiatrist quantity 4 visits is not medically necessary. The injured worker reported the inability of leaving her house after 5 pm. The injured worker complained of poor sleep. The California MTUS Guidelines note psychiatrist treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychiatrist intervention for chronic pain include setting goals, determining appropriate of treatment, conceptualizing a patient's pain belief and coping styles, assessing psychological and cognitive function, adjusting comorbid mood disorders such as depression, anxiety, panic disorders and post-traumatic stress disorder. Cognitive behavioral therapy and self-regulatory treatments have been found to be practically effective. Psychiatrist treatment incorporated into pain treatments have been found to have a positive short term effect on pain interference and long term effect on return to work. There is a lack of documentation indicating the injured worker's previous psychiatric treatment and functional improvement. There is a lack of documentation indicating the medication the injured worker has been prescribed, as well as the functional benefit and improvement from the medication. Therefore, the request for follow-up with psychiatrist quantity 4 visits is not medically necessary.

Continue follow up with Psychotherapist QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

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

Decision rationale: The request for follow-up with psychotherapist quantity 6 visits is not medically necessary. The injured worker reported the inability to leave her house after 5pm. The injured worker complained of poor quality of sleep. The California MTUS Guidelines recommend further therapy referral after 4 weeks if lack of progress from physical medicine alone. An initial 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of objective functional improvements, a total up to 6 to 10 visits over 5 to 6 week would be recommended. The requesting physician did not include an adequate psychological assessment including the quantifiable data in order to demonstrate significant deficits which would require additional therapy as well as establish a baseline by which to assess improvements during therapy. There is a lack of significant documentation indicating the number of sessions and duration of treatment the injured worker has completed. There is a lack of documentation including the goals of treatment the provider is requesting. There is a lack of subjective and objective functional improvement in the documentation submitted. Therefore, the request for psychotherapist quantity of 6 visits is not medically necessary.