

Case Number:	CM14-0041182		
Date Assigned:	06/30/2014	Date of Injury:	11/20/2012
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 28-year-old male who reported an injury on 11/20/2012. The mechanism of injury was noted as a motor vehicle accident. The injured worker's diagnoses include acute stress disorder, depressive disorder not otherwise specified, and posttraumatic stress disorder (PTSD). The injured worker has completed 95 sessions of psychotherapy. It was noted on the clinical note dated 03/17/2014 that the injured worker has returned to work as of 12/02/2013 where the injured worker trained for 4 weeks. The injured worker stated that he felt more and more comfortable with driving and being a motor coach operator and reportedly felt less and less anxiety while in traffic and when he hears or sees a motorcycle. The injured worker reported overall diminished panic symptoms and rated his anxiety 3/10 to 4/10. The injured worker reported that the flashbacks are continuing to decrease more and more and he is maintaining and containing his anxiety. The injured worker uses the learned breathing techniques and other cognitive behavioral interventions that allow him to self soothe and allow his anxiety to decrease. The documentation noted the injured worker presented with sufficient management skills that permitted him to continue his full time work as a motor coach operator. Medications were not provided in the medical records submitted for review. The provider recommended 15 individual psychotherapy sessions. The rationale for the requested treatment was noted that the injured worker uses cognitive behavioral therapy (CBT) to focus on maintaining his confidence and not allowing for sabotage when he is feeling low and highly worried. The Request for Authorization form was not provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Individual Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Psychotherapy Guidelines and Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive behavioral Therapy (CBT).

Decision rationale: The request for 15 individual psychotherapy sessions is not medically necessary. The California MTUS guidelines note cognitive behavioral therapy is recommended for patients with chronic pain and risk factors for delayed recovery after physical medicine treatment. The California MTUS guidelines do not specifically address cognitive behavioral therapy specifically for depression and posttraumatic stress disorder. The Official Disability Guidelines (ODG) recommend up to 13-20 visits of individual psychotherapy over 7-20 weeks, if progress is being made. The Guidelines further state in cases of severe Major Depression or posttraumatic stress disorder, up to 50 sessions would be warranted if progress is being made. The injured worker has a history of depressive disorder and posttraumatic stress disorder and the injured worker has attended 95 individual psychotherapy sessions. The documentation provided noted that the injured worker has since returned to work and has since demonstrated the ability to use the cognitive behavioral interventions that allow him to self soothe and allow him to control and maintain his anxiety levels. The documentation provided did not include psychological testing, to include a Beck Anxiety Inventory (BAI) or Beck Depression Inventory (BDI) to establish a baseline prior to treatment and demonstrate objective improvements after treatment. There is a lack of documentation to quantify the improvement after the completed sessions. The request for 15 additional sessions would further exceed the guideline recommendations. There is a lack of documentation to indicate the presence of exceptional factors to warrant continued psychotherapy beyond the guideline recommendations. As such, the request for 15 individual psychotherapy sessions is not medically necessary.