MAXIMUS Federal Services

Case Number:	CM14-0044229		
Date Assigned:	07/02/2014	Date of Injury:	05/31/2012
Decision Date:	09/30/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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:

According to the records that were provided for this independent medical review, this patient is a 35-year-old male who reported an industrial/occupational injury on May 31, 2012. The injury occurred while he was working as a carpenter and was instructed to climb a 20 foot scaffold and measure a space between the scaffold and a power line, but when his tape measure touched the electrical wires he suffered a massive electrical injury off the scaffolding and lost consciousness and suffered 12% total body area surface burns with muscle injury. He underwent extensive surgical procedures and wound care as well as multiple physical injuries requiring intensive intervention for example a right hand fracture, and pain in the left calf. Numerous other physical injuries are well detailed in his medical record. Psychologically, the patient has been diagnosed with Posttraumatic Stress Disorder, Chronic; and Major Depression, single episode evolving into partial remission, secondary to PTSD. A request was made for 20 additional sessions of cognitive behavioral therapy and was not approved; the utilization review rationale was stated that the patient has been attending cognitive behavioral treatment since June 2012 for the treatment of PTSD/depression and has attended 23 sessions as of the date of the UR decision. The UR decision was to modify the request for 20 sessions and certify 6 sessions. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Treatment 20 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Topic Psychotherapy Guidelines for PTSD and Major Depression, June 2014 Update.

Decision rationale: According to the records that were provided to me for this independent review, the patient has been receiving ongoing cognitive behavioral therapy treatments. There is conflicting information with regards to the exact number of treatments at the patient is had to date. One progress note states that the patient has been having CBT treatment since 2012 and in another place since May 1, 2013. The issue of the total number of sessions that the patient has had to date is important because decisions and resting on whether additional sessions may be granted are partially contingent on the total number of sessions that the patient is already had. According to the official disability guidelines for psychotherapy for the treatment of PTSD/major depression after an initial trial of six visits and with evidence of objective functional improvement a total of 13-20 visits over 13-20 weeks of individual sessions may be possible. In extremely severe cases of combined depression and PTSD more sessions may be offered if progress is being made. That "psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders." This patient does meet the criteria for a complex case and the longer-term therapy is appropriate as long as is documented that progress is being made. The issue presented here is not one of medical necessity for treatment, as additional sessions are appropriate it is an issue of the quantity being requested. In this case the request for 20 sessions covers a period of time of approximately five months if the patient is attending one time per week, and a longer period of time if the patient is attending less frequently. While there are no specific guidelines with respect to how often continued medical necessity needs to be established for the psychological treatment of posttraumatic stress disorder/depression a reasonable amount of time would be 2-3 months to allow for tracking of both medical necessity and ongoing patient improvement. The finding of this independent medical review is that the requested treatment of 20 sessions additional of cognitive behavioral therapy is excessive and quantity and therefore not medically necessary.