

Case Number:	CM14-0044962		
Date Assigned:	07/02/2014	Date of Injury:	02/26/2013
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
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 Clinical 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 provided for this independent review, this patient is a 48 year old male who reported an industrial/occupational work-related injury on February 26, 2013 during the course of his normal work duties for [REDACTED]. He reports that he is responsible for the other employees who take care of the cars. He worries not only about his safety of the safety of others and of the cars. The injury reported is purely psychological, and seems to have begun after an upsetting day of work when a former employee, who was very intoxicated, return to the office and "made a mess", and used his car to break through a wooden arm of the gate where he had parked. This ex-employee was subsequently arrested. The patient experienced very high levels of anxiety over the next few days and needed to take one month leave from work; but he remains emotionally paralyzed by fears of another similar incident occurring. The patient reports intense fear and trepidation about his employment that according to the medical records is disproportionate to the object of events have occurred. He becomes obsessed and severely anxious. He has been diagnosed with Adjustment Disorder, with mixed anxiety and depressed mood. There is another diagnosis of Anxiety state, NOS; and a brief indication of a diagnosis of PTSD. He has been treated with psychotherapy and Zoloft, and Trazodone. He believes he has been unfairly blamed for problems at work and that his job is not secure, and he reports sleep disturbance, preoccupation with workplace problems, and worries the situations are unsolvable. He reports acute emotional distress. He presents with tearfulness and anxiety, trembling, sweaty, shaky, and is noticeably uneasy. After several sessions the patient noted that some of the interventions have begun to have a positive impact, for example for the first time in many months he is feeling more confident about his ability to protect himself against diabetes and hypertension symptoms that could potentially cause and have an accident in the parking lot at work. The patient has several other work related injury cases. A request for six additional

sessions of psychotherapy was made and non-certified; this independent review 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:

Outpatient Psychology for six (6) additional visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological treatment, page 101 Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and stress chapter, psychotherapy guidelines, June 2014 update.

Decision rationale: Utilization review rationale for non-certification was that the patient was injured 14 months ago and was treated with medication and six sessions of interpersonal psychotherapy and that the submitted documentation does not provide any information regarding evidence of objective functional improvement or whether progress was being made. The MTUS guidelines do not directly address the treatment of this patient's diagnosis, adjustment disorder with mixed anxiety and depressed mood, in the absence of a chronic pain condition. The official disability guidelines, however do mention the use of cognitive behavioral therapy for stress related conditions including panic disorder, and general stress. The session recommendations vary somewhat but in general suggest that 13 to 20 sessions may be provided if progress is being made. With regards to the use of cognitive therapy for panic disorder, which most closely approximates what this patient is experiencing, it is noted that 12 to 14 sessions conducted on a weekly basis can be offered. I conducted a careful consideration of all the documentation that was provided to me for this independent and I found that although it appears that this patient's psychological condition is such that ongoing weekly psychotherapy would likely be of some benefit to him, the utilization review statement that there was insignificant documentation of progress being made was accurate. I was only able to find one comment that reflected any sense of progress being made and that was that he is feeling a little more confident in his ability to slow down at work. This does not meet the definition of objective functional improvement. Additional treatment sessions can only be authorized with the documentation of progress being derived from the sessions of already been provided. In this case that evidence was underwhelming. The request to overturn the non-certification decision is therefore not approved.