

Case Number:	CM14-0048535		
Date Assigned:	06/25/2014	Date of Injury:	12/21/2012
Decision Date:	11/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 a licensed 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 42-year-old female who reported injuries after feeling threatened by a coworker on 12/21/2012. On 03/08/2014, her diagnoses included depression with anxiety, endometriosis, esophageal reflux, hypothyroidism, neck pain, post-traumatic stress disorder, and sciatica. Her complaints included financial stress, hopelessness and despair, poor concentration, and decreased ability to function. She was also experiencing back pain shooting into her right foot. Her medications included Norco 5/325 mg, Lansoprazole 30 mg, Ativan 1 mg, Nature-thyroid 130 mg, Ondansetron 4 mg, and Wellbutrin SR 200 mg. On 03/06/2014, it was noted that she had already been seen for 48 sessions of psychotherapy between 01/15/2013 and 02/27/2014 for the treatment of post-traumatic stress disorder and single episode severe major depression. She reported a daily depressed mood, acute anxiety, sleep disturbance with nightmares, appetite disturbance, feelings of worthlessness and guilt, impaired short term memory, transient passive thoughts of death, and change of weight. She reported reactions to reminders of the triggering traumatic event, including physiological reactions to seeing someone who looks like the person involved in the original event and seeing the building where she used to work. She avoided places where she might see anyone associated with the triggering traumatic event, including the post office and the only local grocery store. She reported that impairments in her concentration, her PTSD symptoms, depressed mood, anxiety, and memory problems kept her from being able to work. She revealed that she was too frightened to ever return to her formal workplace. The treatment plan noted that, given her severity of symptoms, she will need weekly therapy for 1 more year. There was a request for 12 sessions and more sessions of therapy with a progress report after the requested 12 sessions. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines; Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.. Decision based on Non-MTUS Citation Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The request for 12 Psychotherapy sessions is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Timeframes include up to 13 to 20 visits over 7 to 20 weeks if progress is being made, with up to 50 sessions in cases of severe major depression. While the injured worker was noted to have made some improvements with therapy, she has completed 48 sessions to date and the request for 12 additional sessions exceeds the guideline recommendations. There was no indication of her medications being changed or increased due to lack of efficacy. The requested 12 additional sessions of psychotherapy exceeds the recommendations in the guidelines and does not specify a frequency or duration. Therefore, this request for 12 Psychotherapy sessions is not medically necessary.