

Case Number:	CM14-0050134		
Date Assigned:	07/07/2014	Date of Injury:	11/14/2012
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Psychiatry 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:

The injured worker is a 49 year old male with date of injury 11/14/2012. Date of the UR decision was 4/1/2014. He experienced a head injury with loss of consciousness when another vehicle hit his vehicle. Report dated 10/4/2013 suggested that the injured worker complained of anxiety, shortness of breath, poor balance, feeling extremely depressed, tired, alone. He reported having poor sleep, was experiencing hypervigilance, increased startle response, had recurrent distressing dreams. He was being prescribed Lorazepam 1 mg at bedtime as needed and Venlafaxine 75 mg a day. He scored 44 on PTSD check for Clivilans Scale (PCL-C), he scored 46/63 on Beck Depression Inventory (severe depression), scored 15 on Beck Hopelessness Scale (marked degree of hopelessness) and 56 on Beck Anxiety Inventory(severe anxiety), scored 36 on Hamilton Depression Rating Scale(severe depression), Hamilton Anxiety Rating scale score of 45 (severe anxiety). He was diagnosed with Post Traumatic Stress Disorder and Major Depressive Disorder, single episode, severe, without psychotic features. He was given a Global Assessment of Functioning score of 31 per that report. Per report dated 10/4/2013, the dose of Venlafaxine was raised to 150 mg and Trazodone 50 mg at bedtime was initiated. Report dated 5/21/2014 suggested that he was being prescribed Mirtazepine, Naproxen, Tramadol and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Cognitive Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, and Cognitive therapy for PTSD.

Decision rationale: The Official Disability Guidelines (ODG) state that Psychotherapy is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). ODG recommends that at each visit the provider should look for evidence of symptom improvement, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. ODG Psychotherapy Guidelines: "Initial trial of 6 sessions over 6 weeks - Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." In this case, it is unclear as to what the requesting provider means by Neuro Psychotherapy. ODG recommends behavioral interventions for PTSD and depression, however the initial recommended trial is for 6 sessions. Thus request for Neuro Psychotherapy is not medically necessary and appropriate.

Cognitive rehabilitation 2-4; 2 hr sessions per month for 24 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, and Cognitive therapy for PTSD.

Decision rationale: The Official Disability Guidelines (ODG) recommends an initial trial of 6 sessions over 6 weeks and further treatment is continued if there is functional improvement from the treatment. Request for Cognitive rehabilitation 2-4; 2 hr sessions per month for 24 months is excessive based on the guidelines and thus is not medically necessary and appropriate.