

Case Number:	CM14-0072996		
Date Assigned:	07/16/2014	Date of Injury:	04/29/2013
Decision Date:	09/03/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/20/2014

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 licensed 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 provided for this independent medical review, this patient is a 44-year-old male who reported an industrial/occupational on April 29, 2013. The injury reportedly occurred during the normal and usual customary work as a loss prevention officer at [REDACTED]. The patient reported that he was hit while he was in the process of apprehending a man who had committed credit card fraud. There were multiple and repeated incidences where he was dealing with a very difficult security and safety issues that resulted in him needing to call the police. He describes a hostile work environment where he feels victimized and subjected to interpersonal racial verbal and behavioral issues with other employees as well as customers. Symptomatically he reports difficulty falling asleep and feeling scared when riding the bus knowing that people that he had interacted with in his store could be on the bus. On August 2, 2013 while he was working in theft management a shoplifter charged at him and hit him in the chest and then punched him in the face breaking two teeth and causing a hematoma of the lower lip. Subsequently he reported feeling petrified, and scared to be standing in public with the feeling of dread that it would happen again. He has attended a program called victims of violence and has seen a therapist through [REDACTED]. He reports feeling depressed and paranoid about people thinking and talking about him and fearful of being fired. A note from his treating physician states that he is profoundly withdrawn and depressed and that his mood is rage and anger and that he feels violated, hopeless, helpless, and worthless. He reflects back to the incident at work and has vivid nightmares that keep him awake. He has been diagnosed with Post Traumatic Stress Disorder; and Axis II: Mixed Trait Disturbance with Narcissistic and Dependent Features. A request was made for outpatient cognitive behavioral therapy one time per week for six weeks for the treatment of anxiety disorder, the request was non-certified. The rationale for non-certification provided by utilization review includes: previous participation in an unknown

number of sessions of individual psychotherapy, and whether any progress was obtained through the sessions, or whether he has consented to participate in additional individual psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral therapy onc a week for 6 weeks.: 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, Cognitive Behavioral Therapy Page(s): 23 - 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Topic Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: I conducted a careful and comprehensive review of all of the medical records as they were provided to me. The result of this is the conclusion that medical necessity is not established by the documentation. The patient has had a set of psychotherapy sessions either five or six so far, if not more, and yet there was no progress notes provided for this review from those sessions. There was no indication whatsoever of how many sessions in total the patient has had. This number is essential for me to be able to determine whether or not he has already had the maximum number of sessions that are allowed according to the MTUS/ODG guidelines. According to those guidelines a patient may have after an initial trial of treatment that demonstrates response to the trial with objective functional improvements, 13 to 20 additional sessions maximum. In cases of Severe Major Depression with PTSD up to 50 sessions may be allowed if progress is being made. Although demonstrating medical necessity requires the documentation of significant symptomology to warrant treatment, it is also critical that the treating psychologist provide documentation of the patient's response to treatment that is already been provided. This treatment outcome must reflect the patient is making progress in his treatment and be documented in any request for additional treatments. However in total because there was insufficient documentation of these issues I'm unable to overturn the request for additional treatment.