

Case Number:	CM14-0075655		
Date Assigned:	07/16/2014	Date of Injury:	07/17/2013
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Child and Adolescent 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 64 year old female who suffered an injury at work on 7/17/13. She works as a psychiatrist in a mental health facility, and was assaulted by a patient during an evaluation. The patient threw the contents of a coffee cup, and then grabbed the injured worker from her chair and pounded her head against a filing cabinet until she lost consciousness. A registered nurse intervened. The injured worker subsequently complained of pain in her right shoulder, right ear, right temple, and right face. She reported emotional symptoms of fearfulness and crying soon after, and later on additionally experienced poor concentration, insomnia, nightmares, exaggerated startle response, anhedonia, lowered self-esteem, depressed mood, avoidance, hypervigilance, emotional lability, panic attacks, and intrusive ruminative thoughts. She underwent a psychiatric evaluation, and was diagnosed with Post Traumatic Stress Disorder (PTSD). She was referred to a social worker psychotherapist to do eye movement desensitization reprocessing (EMDR) and talk therapy from 7/23/13 on a twice monthly basis. She is prescribed Ambien for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy 12 x 1 x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Illness and Stress, Cognitive Therapy for PTSD.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) is not applicable. The Official Disability Guidelines (ODG) indicate that for individuals diagnosed with Post Traumatic Stress Disorder (PTSD), cognitive behavioral therapy (CBT) is an efficacious treatment which is supported by the published medical literature as representing an efficacious remedy. The results of CBT are comparable to, and in some studies superior to, education treatment for the PTSD symptoms of anxiety, panic attacks and hyperarousal. The injured worker is diagnosed with PTSD, and continues to have ongoing symptoms. However, she has not been receiving CBT, but instead was undergoing Eye Movement Desensitization and Reprocessing (EMDR). EMDR is not CBT, and EMDR does not have substantial support in the medical literature for its efficacy in the treatment of PTSD, even though it is sometimes recommended as a PTSD treatment by providers. If the requested psychotherapy is for continued EMDR, then this would not be considered an appropriate modality. Instead, the ODG guidelines and the medical literature would support a trial of CBT for PTSD symptoms. However, the exact nature of the requested Additional Psychotherapy twelve times one times twelve is not clear. The request is therefore not medically necessary.