

Case Number:	CM14-0076599		
Date Assigned:	07/18/2014	Date of Injury:	10/01/2010
Decision Date:	08/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 58 year old male who reported an industrial/occupational work-related injury on October 1, 2009. The injury occurred as the result of an automobile accident. Medically he is diagnosed with cervical strain and low back. Psychologically, the patient has been diagnosed with Major Depression, single episode, moderate to severe, non psychotic; Post-traumatic stress disorder (PTSD), chronic; Cognitive disorder not otherwise specified; and Pain Disorder associated with both psychological factors and a General Medical condition; and persistent Insomnia. Subjectively the patient shows mark cognitive impairment and mental confusion that causes him to have difficulty with every day-to-day activities, depression, anger, anxiety, diminished energy, anhedonia, emotional lability, panic attack, periods of crying, sexual dysfunction, sleep disturbance, social withdrawal, exaggerated startle response, and avoidance of situations that trigger memories of the traumatic event. He has been treated by a psychologist for depression, anxiety, and PTSD for 18 months. A treatment plan states that the therapy has the following goals using cognitive behavioral methods to teach the patient to improve his overall functioning, his coping capacity, and psychological equilibrium with an additional goal of increasing his ability to do more esteemable acts. A request was made for continued psychotherapy to be held 2x/month, 24 sessions (3/18/14 through 3/18/15) the request was non-certified. Utilization review rationale for non-certification included: patient has had prior psychotherapy sessions (quantity unknown), a request for additional treatment sessions would likely exceed the maximum number allowed, documentation supporting the request was insufficient and no treatment plan with a specific and white was provided; and that after 22 sessions that he has received in this current treatment he would be expected to be independent with the self directed program. This independent review will address a request to overturn the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2x month 24 sessions (3/18/14 thru 3/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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, topics: psychotherapy guidelines, cognitive behavioral therapy for depression, June 2014 update.

Decision rationale: I have conducted a careful, thorough, and comprehensive review of all the medical records that were provided to me which consists of 117 pages. Unfortunately, nearly all of the paperwork that was provided consisted of correspondence regarding this request from insurance and legal representation. There was only one progress note from his treating psychologist with regards to prior psychological treatments that the patient has had. There was one additional brief letter from the treating psychologist regarding this request to overturn utilization review decision. Medical records with respect to his psychological treatment were insufficient and did not adequately document with the prior treatment sessions that he has had, nor did they reflect any of the content that was discussed, procedures that were used, specific PTSD symptoms addressed, and most importantly results that were obtained, if any, in terms of functional improvement or even psychological improvement. There was no documentation or mention of the details of his original injury and how that may have resulted in PTSD symptoms and how his PTSD symptoms or depression may have, or have not, changed with the prior treatment. There was no documentation of the precise number of sessions that this patient has had to date, although there was one reference suggesting that perhaps that he has had 22 sessions during this current course of treatment. It was unclear as to whether there had been prior courses of treatment in the past for this same injury. According to the MTUS guidelines for cognitive behavioral therapy, an initial set of 3-4 sessions should be given as a treatment trial and that if they result in improvement an additional block of sessions up to 10 maximum can be offered. The Official Disability Guidelines (ODG) states that 13 to 20 visits may be offered if patients are making progress in the treatment, and that in cases of Major Depression, severe or PTSD, that additionally up to a maximum of 50 sessions may be provided if progress is being made. The medical records do not adequately reflect that the patient has significant psychiatric and psychological symptomatology, however they do not reflect if any progress has been made in the treatment. It is not sufficient to simply state that progress is being made, or that the patient is benefiting or is in need for more treatment. It must detail, with objective measures, progress. I disagree with the UR statement that the patient should be independent at this juncture, cases of PTSD may or may not require longer treatment episodes. Because there were no details of his injury provided it is not impossible to assess the complexity of this man's injury in even a superficial manner. Although this patient may still require, or not, additional psychological treatment the need is not reflected in these medical notes in a manner that supports the use of these treatment modalities because the patient is progressing in benefiting from them. In

addition, this request is excessive in both the quantity of sessions being requested, and the time frame of the request. This request is essentially for treatment for an entire year. This would not allow all for the documentation of ongoing demonstration that the patient is making progress and that continued sessions are warranted. Therefore, request for Psychotherapy 2x month 24 sessions is not medically necessary and appropriate.