

Case Number:	CM14-0078344		
Date Assigned:	07/18/2014	Date of Injury:	03/15/2012
Decision Date:	08/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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 Board Certified in Child & 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 54 year old female who was injured at work on 3/15/2012. She was assaulted by a student while she was engaged in teaching. The injured worker suffered cervical and thoracic sprains and shoulder impingement, leaving her with chronic neck and low back pain. She underwent spinal epidural injections on 10/3/12 and L4/5 facet block injections on 4/17/13. She developed mental health symptoms, and was diagnosed with Post Traumatic Stress Disorder (PTSD) and Depression. In the 3/18/13 progress report, the treating psychiatrist noted that the injured worker had received 18-36 outpatient psychotherapy sessions. The injured worker was also in regular outpatient psychiatric medication management, with monthly appointments. Psychotropic medications Xanax and Lexapro were prescribed. In the 1/31/14 report, the injured worker reported having residual depression symptoms, but her nightmares were less frequent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 individual sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

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 Behavioral Therapy for PTSD.

Decision rationale: The MTUS is not applicable. The Official Disability Guidelines (ODG) indicates that the use of Cognitive Behavioral Therapy (CBT) is beneficial in alleviating the symptoms of Post Traumatic Stress Disorder as well as the symptoms of depression. The recommendation is for an initial trial of 4 to 6 sessions over 4 to 6 weeks, followed by additional sessions up to a maximum of 20 sessions in 20 weeks if there has been clinical evidence of some functional improvement. The psychiatric note does not indicate that the injured worker has made significant functional improvements after having already received 18 to 36 sessions. Therefore, the utility of 6 additional sessions at this stage in the treatment is questionable. In addition, there is no documentation of the specific goals of therapy, the therapeutic interventions utilized so far in treatment, and a focused treatment plan. In the absence of a compelling benefit from additional CBT sessions, therefore, the Psychotherapy 12 individual sessions is not medically necessary.

Psychiatric Consultation for Medication Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

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, Office Visits.

Decision rationale: The MTUS is not applicable. The Official Disability Guidelines (ODG) indicates that psychiatric medication management is an important component of the treatment of both PTSD and depression. The treatment plan for medication management should be individualized for the injured worker based on the pervasive symptoms, clinical progress, and adjusted for any changes in relief of symptoms. The frequency of psychiatric consultations needs to be specified in the request, as it needs to be varied according to the individual needs of the injured worker. Therefore, in the absence of a specific number of psychiatric consultations in the request, the utilization review denial must be upheld, therefore a Psychiatric Consultation for Medication Management is not medically necessary.