

Case Number:	CM14-0081301		
Date Assigned:	07/18/2014	Date of Injury:	09/27/2011
Decision Date:	08/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 a licensed Psychologist 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 that were provided for this independent medical review, this patient is a 42 year and 11 month old male who reported an industrial/occupational work-related injury on September 27, 2011; and a continuous trauma injury from July 17, 1998 through July 31, 2012. The injuries occurred while the patient was performing his usual and customary duties as a deputy sergeant with [REDACTED] and allegedly resulted from being involved in multiple combative situations while attempting to subdue inmates at county jails. In addition to a continuous trauma injury; there's also reported specific injuries that occurred to his neck, left shoulder, lumbar spine, knees and feet. Psychologically, the patient has been diagnosed with post traumatic stress disorder (PTSD); there is a second diagnosis under consideration, rule out cognitive disorder NOS (not otherwise specified). There is a note that a brutal assault resulted in facial fractures and injury to his eye, skin and bone structure and concussion. Treatment recommendations included psychological therapy on a weekly basis for six months and then twice monthly from additional six months. Psychiatric treatment including medications has also been recommended as well as neurological testing to rule out traumatic brain injury. Psychological symptoms that have been reported to have occurred as a result of the physical injuries and exposure to violence within the prison system had been noted to include sexual dysfunction of depressive disorder not otherwise specified, a probable cognitive disorder from the injury and PTSD. Detailed progress notes mention symptoms of anxiety and depression anger outbursts that resulted and punching walls, severe sleep disturbance, suicidal ideation without a plan or . The request was made for psychotherapy to be held one time a week for 45 days which amounts to approximately 6-7 sessions. This request was non-certified with a modification proposed to allow for 3 sessions. This independent review will address the request to overturn the non-certification with modification that was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x per week for 45 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, psychological treatment Page(s): 101.

Decision rationale: Utilization review non-certified the request for approximately 6-7 additional treatment sessions (written as one time a week for 45 days) and offered a modification for 3 sessions. In so doing, utilization review referenced the MTUS guidelines stating that patients should be offered an initial trial of 3 to 4 visits over a two week period and stated that this would be medically necessary and appropriate. The reference to this guideline was inappropriate and incorrect as the patient has been actively engaged in therapy and this is not an initial request for treatment but a request for ongoing treatment. The patient has been actively engaged and psychotherapy for quite some time now, however the duration of the treatment and the precise number of sessions that he has had to date was not provided. This information is critically important and should be required for any future additional treatment requests. Based on my review of this patient's medical records, this patient does appear to be psychologically and psychiatrically in need of continued treatment at this time. The patient has been diagnosed with PTSD and that the Official Disability Guidelines state that a patient may have 13 to 20 sessions maximum, but in cases of severe major depression or PTSD up to 50 sessions maximum can be provided if progress is being made. Although the medical records regarding his psychological treatment were few several were included as well as much more comprehensive notes from his psychiatrist. These notes to reflect progress being made although not always linear, which is normal when dealing with complex psychological and psychiatric issues. My finding is that the utilization review incorrectly reduced the number of sessions being offered to this patient, and therefore the request to overturn the non-certification (with modification) is granted.