

Case Number:	CM14-0089866		
Date Assigned:	07/23/2014	Date of Injury:	11/15/2013
Decision Date:	09/25/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Psychiatry, Neurology, and Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 73 pages of medical and administrative records. The injured worker is a 33 year old female whose date of injury is 11/15/2013 while working as a receptionist. She opened an envelope from which white powder fell out. She apparently became covered with it, and the building was evacuated as the substance was unknown. It was later determined to be sodium bicarbonate by hazmat officials. She began to suffer from anxiety, depression, irritability, poor appetite, panic episodes, poor concentration, hypervigilance, hyperarousal nightmares, and sleep disruption. Symptoms could be triggered by the sight of [REDACTED] trucks. Her primary diagnosis is post-traumatic stress disorder. On 12/17/13 her PHQ9=22, GDS=34. Medications include sertraline 200mg per day, quetiapine 50mg twice per day as needed for anxiety and clonidine 0.1mg at bedtime. She received cognitive behavioral therapy, the focus of which was on anxiety, depression, sleep issues, and trauma. She reported improvement of her symptoms on 04/22/14 after receiving her initial 6 sessions. Nightmares had subsided, depressive symptoms had become less intense but she remained agitated and sleeping poorly. She had lingering trauma symptoms of hypervigilance, hyperarousal, and severe sleep disruption. Objectively she was described as guarded and aloof, dysphoric, anxious, irritable, labile, and with impaired concentration. On 04/29/14 she received a temporary offsite light duty assignment to accommodate her restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Tx Crisis ea Additional 30 mins: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index 12 Edition (Web).

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 & Stress, Exposure Therapy.

Decision rationale: The patient suffers from post-traumatic stress disorder. She has received an initial 6 approved cognitive behavioral therapy sessions which, as of 04/22/14, showing objective functional improvement. Her nightmares had subsided and the intensity of her depressive symptoms had decreased, but she continued to show lingering trauma symptoms. It would be beneficial for this patient to have additional treatment in order to solidify her progress while continuing to stabilize her condition. However the number of sessions, how often they are to occur, and over what time period were not specified in this request. As such, this request is not medically necessary.