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| Case Number: | CM14-0186093 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 09/07/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Doctor of 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 as they were provided for this IMR, this patient is a 29 year old male who reported a work-related injury on September 7, 2013 during the course of her employment for Quick Stop. The injury occurred while he was working and there was a robbery and he was told by 7 perpetrators that they don't steal they kill. He's been diagnosed with posttraumatic stress disorder and major depression, single episode. He reports subsequently having a difficult time with short-term memory and concentration impairment, dysphoric mood, anxiety, and irritability. He complains of anxiety and presents guarded with sleep issues and depression. An undated PR-2 progress from his treating psychologist states that symptoms have gotten worse since his last session he has been unable to get work comp carrier to authorize ongoing care for industrial disability and that he is living in a hotel temporarily and it took 3 hours by bus one way to arrive at his appointment. Treatment goals were listed as decreasing depression and anxiety, increasing coping skills and improving sleep. A similar note from September 15, 2014 states that he continues to "suffer financially, personally and with transportation since he has no vehicle symptoms of PTSD and depression continues to impair him severely and he is in need of intensive psychiatric rehabilitation." A request was made for psychotherapy, 20 sessions; the request was noncertified with an offer modification by utilization review to approve 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 20 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Mental Illness & Stress Cognitive therapy for PTSD

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With regards to this request for the additional sessions of cognitive behavioral therapy, the medical records do not reflect the medical necessity of the requested treatment. Only 2 psychological treatment progress notes were found, neither of which contained detailed information regarding the patient's response to treatment and there was no evidence of objective functional improvements from them. No psychological evaluation was found, and no quantitative data was presented reflecting patient symptomology changes. While the current treatment guidelines do allow for the extended treatment in some cases of severe symptomology the medical necessity needs to be established not only based on patient symptomology but also objective functional improvements which are typically described as increased activities of daily living, decreased dependency on future medical care and a reduction in work restrictions. In addition, the total number of sessions that has been provided to date was not documented and it was unclear how many sessions he has received. Because there was no evidence of patient improvement based on prior sessions, the medical necessity of this request was not established and therefore the request is not medically necessary.