

Case Number:	CM14-0201821		
Date Assigned:	12/12/2014	Date of Injury:	03/03/2010
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 Board Certified in Psychologist (PHD, PSYD), 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 55-year-old male (██████████) with a date of injury of 3/3/2010. The injured worker sustained multiple injuries to his lower extremities, resulting in the amputation of his right leg and multiple fractures of his left leg, when he was involved in a motor vehicle accident. The injured worker was hit by a car while standing at the rear of another car attempting to help the driver while working for ██████████. The injured worker has received numerous medical treatments and surgeries for his orthopedic injuries. It is also reported that the injured worker developed psychiatric symptoms of anxiety with panic as well as depression secondary to his orthopedic injuries. In his "psychiatric Re-Evaluation" report dated 1/15/14, ██████████ diagnosed the injured worker with: (1) Posttraumatic stress disorder, active and symptomatic; (2) Major depressive disorder, reactive and situational; (3) Grief reaction, secondary to his ex-wife's death; (4) Caffeinism; and (5) Anxiety disorder with panic attacks. He recommended follow-up psychiatric treatment. Based on ██████████' recommendation, the injured worker began services with treating psychiatrist, ██████████ in February 2014. ██████████ diagnosed the injured worker with: (1) Major depressive disorder, single episode; (2) PTSD, severe; and (3) Panic and anxiety attacks. The injured worker has continued to receive psychotropic medication management services from ██████████. Additionally, the injured worker was referred for psychotherapy, which he began in June 2014 with psychological assistant, ██████████, under the supervision of ██████████. ██████████ diagnosed the injured worker with Depressive Disorder NOS and Anxiety Disorder NOS. He has been authorized for a total of 12 psychotherapy sessions, 11 of which were completed prior to the request under review. The request under review is for an additional 12 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weekly cognitive behavioral therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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 Chapter.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience symptoms of anxiety and depression related to PTSD and a Major Depressive Disorder despite receiving psychotropic medications and participating in weekly psychotherapy. However, these symptoms are reported to have decreased in severity and the injured worker has been able to demonstrate progress and improvements in his functioning as a result of the treatments. The ODG recommends a "total of 13-20 psychotherapy visits over 13-20 weeks" as long as objective functional improvements are being demonstrated. It additionally states that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders." Given this guideline and the fact that the injured worker has been demonstrating improvements from his 11 completed psychotherapy sessions, the request for an additional 12 psychotherapy sessions appears reasonable and within the recommended guideline. As a result, the request for "12 weekly cognitive behavioral therapy sessions" is medically necessary.