

Case Number:	CM15-0102125		
Date Assigned:	06/04/2015	Date of Injury:	03/24/2015
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 who sustained an industrial injury on 03/24/2015 resulting in head, neck and low back pain/injury. Treatment provided to date has included: physical therapy, medications, lumbar spine surgery, and inpatient rehabilitation. Diagnostic tests performed include: x-rays of the cervical spine showing mild multilevel degenerative changes; MRI of the cervical spine (04/22/2015) showing C4-5 moderate disc degeneration with 2-3mm bulging disc with central protrusion causing impingement on the cervical cord and mild degeneration and bulging disc at C5-6 and C6-7. Other noted dates of injury documented in the medical record include: a motor vehicle accident in 2007, a second motor vehicle accident with unknown date, and shoulder injury in 1980's. Comorbid diagnoses included history of hypertension and dyslipidemia. On 05/06/2015, psychologist initial evaluation noted complaints of constant head pain and headaches rated 6-9 (0-10); daily and ongoing neck and bilateral shoulder pain rated 7-9/10; frequent bilateral arm pain rated 6-9/10; low back pain rated 7-10/10; mid back pain rated 5-8/10; bilateral leg pain rated 7-9/10. Additional complaints include bladder leakage and vision problems. Current medications include Norco, Lidoderm patches, blood pressure medications, and occasional heartburn medication. The psychological exam showed a fully oriented and cooperative injured worker, appearing open, honest and genuine in presentation, appropriate affect with evident anxiety and depression, and appearing physically uncomfortable. Symptoms of mood disturbance that occurred since the date of injury included: restlessness, tension, anxiousness, worry, nervousness, fearfulness, panic attack symptoms, hypervigilance, frequent thoughts and reminders of the injury event, feeling of sadness and

depression, nightly sleep disturbance, frustration, irritable moods, feelings of fatigue and tiredness, diminished interest and participation in activities, social isolation and withdrawal, difficulties with memory, changes in thought process, forgetfulness, feelings of confusion and overwhelmed, and difficulty concentrating. The provider noted diagnoses of post-traumatic stress disorder, adjustment disorder with anxious and depressed mood, rule out cognitive disorder, status post traumatic work injury event with multiple injuries and persisting symptoms, impairment in occupational and daily function, multiple pain and other physical symptoms, severely disturbed mood and sleep, interference/impairment in cognitive function and a GAF score of 45. Plan of care includes psychiatric medications to be prescribed by pain management physician, and a trial of psychotherapy. Requested treatments include 10 sessions of psychotherapy over 6 months modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 10 sessions in 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Mental Health chapter - Cognitive therapy for PTSD.

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 Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker is experiencing chronic pain as well as symptoms of acute PTSD as a result of his work-related injury in March 2015. He completed an initial psychological evaluation with psychologist, [REDACTED], on 5/8/15. In his report, [REDACTED] recommended multi-disciplinary care including 10 initial psychotherapy sessions, for which the request under review is based. [REDACTED] diagnosed the injured worker with PTSD and presented relevant and appropriate information to substantiate the need for follow-up psychological services. In the treatment of PTSD, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Utilizing this guideline, the request for an initial 10 sessions is reasonable. As a result, the request for an initial 10 psychotherapy sessions is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.