

Case Number:	CM15-0104636		
Date Assigned:	06/09/2015	Date of Injury:	06/23/2014
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 48 year old male, who sustained an industrial injury on June 23, 2014. He reported being assaulted by a patient at work and having feces and urine thrown at him. The injured worker was diagnosed as having posttraumatic stress disorder, major depressive disorder, and insomnia. Treatment to date has included psychotherapy and medication. Currently, the injured worker complains of neck pain, difficulty sleeping, making decisions, communicating, and controlling his emotions and impulses. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported feeling sad, tired, irritable, fearful, nervous, restless, anxious, depressed, and helplessness, lacking energy, with rapid heart palpitations and weight loss. The injured worker was noted to be sad, dysphoric, and anxious mood with nervousness, apprehension, body tension, and dry mouth. The treatment plan was noted to include continued psychiatric treatment plan, and cognitive behavioral group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with psychiatrist (amount unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." As the number of office visits are not specified, medical necessity cannot be affirmed.

24 cognitive behavioral group therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression Cognitive therapy for PTSD.

Decision rationale: MTUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). "In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is indicated that the injured worker has had at least 12 psychotherapy sessions so far with some evidence of functional improvement. The request for an additional 24 cognitive behavioral group therapy sessions would exceed the guideline recommendations as quoted above. Thus, the request for 24 cognitive behavioral group therapy sessions is not medically necessary.