

Case Number:	CM15-0162878		
Date Assigned:	08/31/2015	Date of Injury:	10/28/2013
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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 25 year old male who sustained a work related injury October 28, 2013. A report of a CT of the head, dated October 28, 2013, is present in the medical record. While working as a cashier, he was approached by a robber looking for money, and subsequently struck on his left temple by the butt-end of his gun and then pistol whipped. He received pain medication and two sutures to close the laceration around his left eye. He was later treated by a psychiatrist after becoming anxious and hyperventilating while back at work, and developed difficulty sleeping and depression. He attended treatment for approximately a year and was prescribed Zoloft. According to a psychiatric and psychological evaluation, performed June 19, 2015, the injured worker presented sad and uncomfortable. He reports being fearful when he goes out, especially at night, he is hypervigilant, and has an exaggerated startle response. His mood appeared to be depressed with slight levels of anxiety. His self- esteem was diminished due to being a robbery victim. He has reasonable understanding of the cause of his present emotional problems. Diagnosis is documented as post-traumatic stress disorder. At issue, is a request for authorization for initial cognitive behavioral psychotherapy once a week for eight weeks and a psychiatric consult, six to eight visits to maintain medications once a month every two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial cognitive behavioral psychotherapy once a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for depression, 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 has received psychiatric and psychological services for the treatment of psychiatric symptoms related to PTSD that resulted from his work-related injury In October 2013. It appears that the injured worker received psychotropic medication services from [REDACTED] and psychotherapy from [REDACTED] prior to completing a psychiatric/psychological evaluation with [REDACTED] and [REDACTED] on 6/19/15. In their report, [REDACTED] and [REDACTED] recommended re-initialing psychotherapy for an additional 6-8 sessions as well as receiving an additional 6-8 psychiatric consults. The request under review is for 8 psychotherapy sessions and is based upon [REDACTED] and [REDACTED] recommendation. Unfortunately, there is only one note from [REDACTED] regarding the previous psychotherapy services, which are reported to have taken place for one year. Therefore, the number of completed sessions, when therapy terminated, nor the progress and improvements that were achieved through the sessions is unknown. In the treatment of severe PTSD, the ODG recommends "up to 50 sessions, if progress is being made." Without more information about prior treatment, the need for additional treatment cannot be fully determined. As a result, the request for an additional 8 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 sessions in response to this request.

Psychiatric consult 6-8 visits to maintain meds once a month every 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Evaluation and management.

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: Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker has received psychiatric and psychological services for the treatment of psychiatric symptoms related to PTSD that resulted from his work-related injury In October 2013. It appears that the injured worker received psychotropic medication services from [REDACTED] and psychotherapy from [REDACTED] prior to completing a psychiatric/psychological evaluation with [REDACTED] and [REDACTED] on 6/19/15. In their report, [REDACTED] and [REDACTED]

recommended re-initialing psychotherapy for an additional 6-8 sessions as well as receiving an additional 6-8 psychiatric consults. The request under review is for 6-8 psychiatric consultations and is based upon [REDACTED] and [REDACTED] recommendation. The ODG recommends office visits however, the request for 6-8 visits appears excessive as it does not allow for a reasonable time for reassessment. Additionally, the request is too vague as it does not ask for a specific number of visits. As a result, the request for 6-8 psychiatric consults to maintain meds once a month every 2 weeks is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 3 psychiatric consult visits in response to this request.