

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0163307 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 09/22/1988 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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 76-year-old male, who sustained an industrial injury on September 22, 1988. The injured worker was diagnosed as having posttraumatic stress disorder (PTSD) and panic disorder. Treatment to date has included inpatient psychological treatment, medication and cognitive behavioral therapy (CBT). A progress note dated July 22, 2015 provides the injured worker reports he is doing well and has no anxiety. Physical exam notes some stuttering with difficulty word finding. The office visit dated July 30, 2015 provides the injured worker presents with excessive energy and worry occurring more days than not for a period of years. He is unable to control his worry and is restless, keyed up and irritable. It is noted his anxiety and worry is significant and resulted in inpatient care on several occasions. There is a request for individual psychotherapy and cognitive behavioral therapy (CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1x each month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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 Behavioral Therapy.

Decision rationale: Based on the review of the medical records, the injured worker has received psychiatric medication management services as well as psychological services for the past several years. More recently, the injured worker has received psychotherapy from treating therapist, [REDACTED] for an unknown number of sessions. Unfortunately, [REDACTED] progress notes fail to identify the number of completed sessions to date nor the consistent progress and improvements made from those sessions. In using CBT in the treatment of psychiatric issues, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further recommends that in "cases of severe Major Depression or PTSD, up to 50 sessions, if progress is being made." Without more information about the completed services, the need for any additional treatment cannot be determined. Additionally, the request for individual psychotherapy 1X/month remains too vague as it does not indicate an actual number of sessions being requested or the duration for which therapy is to occur. As a result, the request for individual psychotherapy 1X each month is not medically necessary.

Cognitive Behavioral Therapy Counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

Decision rationale: Based on the review of the medical records, the injured worker has received psychiatric medication management services as well as psychological services for the past several years. More recently, the injured worker has received psychotherapy from treating therapist, [REDACTED] for an unknown number of sessions. Unfortunately, [REDACTED] progress notes fail to identify the number of completed sessions to date nor the consistent progress and improvements made from those sessions. In using CBT in the treatment of psychiatric issues, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further recommends that in "cases of severe Major Depression or PTSD, up to 50 sessions, if progress is being made." Without more information about the completed services, the need for any additional treatment cannot be determined. Additionally, the request for cognitive behavioral therapy counseling remains too vague as it does not indicate an actual number of sessions being requested or the duration for which therapy is to occur. As a result, the request for cognitive behavioral therapy counseling is not medically necessary.