

Case Number:	CM15-0180407		
Date Assigned:	09/22/2015	Date of Injury:	12/22/2012
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 female individual who sustained an industrial injury on 12-22-12 when she was robbed at gun point at her place of employment. She does have a past psychiatric history of anxiety and depression dating back to 2009. Diagnoses include post-traumatic stress disorder; depressive disorder; pain disorder. She currently (5-7-15) continues to suffer from posttraumatic stress disorder with fear of driving and being attacked in public making it difficult for her to attend sessions. As a result, her ability to function has not improved in the past few months due to tardiness, missed appointments, the crippling nature of her posttraumatic stress disorder and her extreme pessimism about the potential for improvement. She has at times regressed due to poor coping skills for depression and anxiety. Per the 1-21-15 psychiatric note the injured worker had the Beck Depression Inventory administered indicating symptoms consistent with a severe range of depression such as sadness, pessimism, feeling like a failure, anhedonia, feelings of guilt, feelings of punishment, self-disgust, self-criticalness, crying spells, passive suicidal ideations, agitation, hypersomnia, irritability, poor concentration, fatigue and low energy; Beck Anxiety Inventory and was consistent with a severe degree of anxiety with fear of the worst happening, dizziness, nervousness, feeling of choking, fear of losing control, scared, fear of dying. On 1-21-15 the treating provider's plan of care included a request for cognitive behavioral psychotherapy for a total of 10 sessions for symptom reduction and to prevent deterioration. The request for authorization was not present. On 8-24-15 utilization review evaluated and non- certified the request for cognitive behavioral therapy one times 10 based on no documentation of the number of psychotherapy sessions completed to determine if

guidelines will be exceeded, no documentation of functional improvement with previous psychotherapy; Beck Anxiety inventory was modified to one evaluation based on no documentation of why six evaluations are necessary although there was documentation of reactive symptoms of stress, anxiety, depression; Beck Depression Inventory was modified to one evaluation based on documentation of reactive symptoms of stress, anxiety, depression but no documentation as to why six evaluations are necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1 x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavior 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: Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation with [REDACTED] in January 2015. She received follow-up psychotherapy from [REDACTED] for an unknown number of sessions. In the only psychology follow-up report included for review, dated 5/7/15, [REDACTED] and [REDACTED] note continued psychiatric symptoms despite psychotherapy and psychotropic medication use. Unfortunately, there are no additional notes or reports offering information after May 2015. Without updated information between May and August 2015, including the total number of completed sessions as well as the progress/improvements made from those sessions, the need for additional treatment cannot fully be determined. As a result, the request for an additional 10 CBT sessions is not medically necessary.

Beck anxiety inventory 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines, pg. 101-102.

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: Beck Depression Inventory -II (BDI-II).

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation with [REDACTED] in January 2015. She received follow-up psychotherapy from [REDACTED] for an unknown number of sessions. In the only psychology follow-up report included for review, dated 5/7/15, [REDACTED] and [REDACTED] note continued psychiatric symptoms despite psychotherapy and psychotropic medication use. Unfortunately,

there are no additional notes or reports offering information after May 2015. Without updated information between May and August 2015, the need for additional treatment including the administrations of the BDI/BAI cannot fully be determined. As a result, the request for 6 administration of the BAI is not medically necessary.

Beck depression inventory 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines, page 101-102.

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: Beck Depression Inventory -II (BDI-II).

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation with [REDACTED] in January 2015. She received follow-up psychotherapy from [REDACTED] for an unknown number of sessions. In the only psychology follow-up report included for review, dated 5/7/15, [REDACTED] and [REDACTED] note continued psychiatric symptoms despite psychotherapy and psychotropic medication use. Unfortunately, there are no additional notes or reports offering information after May 2015. Without updated information between May and August 2015, the need for additional treatment including the administrations of the BDI/BAI cannot fully be determined. As a result, the request for 6 administration of the BAI is not medically necessary.