

Case Number:	CM15-0184126		
Date Assigned:	09/24/2015	Date of Injury:	02/29/2008
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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 female, who sustained an industrial injury on February 29, 2008. Medical records indicate that the injured worker is undergoing treatment for post-traumatic stress disorder, pain disorder and depressive disorder. The injured worker was noted to be totally permanently disabled. On (9-4-15) the injured worker complained of chronic intractable pain, anxiety and depression. The injured worker was noted to sleep 3-4 hours a night and had occasional nightmares. The injured worker also noted multiple panic attacks per day. The treating physician notes that the injured worker stated her goal is to develop more effective pain and anxiety coping tools. Objective findings note that the injured worker demonstrated pain behavior during all movements and while sitting. The injured worker made good eye contact, was oriented and was able to track and answer questions. Treatment and evaluation to date has included medications, psychological consultation, psychotherapy, a functional restoration program and a home exercise program. A psychological consultation dated 9-4-15 notes that the injured worker attended a functional restoration program, which exacerbated her symptoms of anxiety, and it took months to stabilize her through Ativan and psychotherapy. Current medications include Neurontin, Ibuprofen, Trazadone, Cymbalta and Ativan. The request for authorization dated 9-4-15 includes a request for cognitive behavior therapy # 12. The Utilization Review documentation dated 9-10-15 non-certified the request for cognitive behavior therapy # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 had been receiving psychological services from [REDACTED] for an unknown number of session. Those services were discontinued when the injured worker participated in an FRP. However, due to an exacerbation of psychiatric symptoms following the injured worker's discharge from the FRP, [REDACTED] resumed services with the injured worker in mid 2015. In August 2015, the injured worker's psychological services were transferred to [REDACTED]. In her initial evaluation dated 9/4/15, [REDACTED] noted continued symptoms of anxiety and depression in the injured worker and recommended additional treatment. The request under review is based on [REDACTED] recommendation. Considering that the injured worker remains symptomatic and recently transferred to a different provider, the request for additional sessions appears reasonable. The ODG recommends up to 50 sessions in cases of severe PTSD and/or depression. As a result, the request for 12 psychotherapy sessions is medically necessary.