

Case Number:	CM15-0188529		
Date Assigned:	09/30/2015	Date of Injury:	06/20/2015
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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 38 year old male who sustained an industrial injury on 06-20-2015. According to a psychiatric evaluation dated 09-08-2015, the injured worker continued to have emotional symptoms and reported depression, anxiety, posttraumatic stress, somatic symptoms of muscle tension in his neck, muscle tension in his low back and alterations in his hearing. He reported that he was getting no more than four hours of sleep per night. He noted difficulty falling asleep, interrupted sleep, wakening too early and inability to return to sleep. He was often exhausted during the day. He had undergone approximately five counseling sessions. The pain patient profile, Beck Depression Inventory, Beck Anxiety Inventory and symptom checklist was administered. Diagnoses included post-traumatic stress disorder acute, musculoskeletal pain, unusually stressful working condition; assaulted 06-20-2015; additional assault spring 2013 and difficult childhood. Level of severity was noted as severe, combination of acute and enduring circumstances. The injured worker was temporarily totally disabled. According to a previous psychological report dated 08-27-2015, the provider noted that the injured worker discontinued treatment before all his sessions were completed. The provider noted that a few more sessions would likely improve his mood. He had a GAF of 70. The injured worker declined psychotropic medication. An authorization request dated 09-14-2015 was submitted for review. The requested services included 15 sessions of cognitive behavioral therapy, Beck Anxiety Inventory every 6 weeks, Beck Depression Inventory every 6 weeks and medications management every month. On 09-21-2015, Utilization Review non-certified the

request for 15 cognitive behavioral therapy sessions, Beck Anxiety Inventory every six weeks, Beck Depression Inventory every six weeks and medication management session every month.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Cognitive 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/ Cognitive therapy for PTSD.

Decision rationale: ODG states: Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. ODG Psychotherapy Guidelines: 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.) The injured worker has been diagnosed with post-traumatic stress disorder acute, musculoskeletal pain secondary to unusually stressful working condition and assault on 06-20-2015. He has completed five psychotherapy sessions per the chart, without any information regarding objective functional improvement. The request for 15 cognitive behavioral therapy sessions is not medically necessary based on lack of information regarding prior treatment. It is to be noted that the psychotherapy sessions are usually authorized in smaller sets such as 6 at a time so that the functional improvement can be assessed to ascertain if further treatment is clinically indicated.

Beck Anxiety inventory every six weeks: Upheld

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/ Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not

only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for Beck Anxiety inventory every six weeks is excessive and not medically necessary as Psychological evaluations are recommended only for diagnostic purposes or to determine if further psychosocial interventions are indicated. The request does not specify the number of units being requested and thus is not medically necessary.

Beck depression inventory every six weeks: Upheld

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/Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for Beck Depression inventory every six weeks is excessive and not medically necessary as Psychological evaluations are recommended only for diagnostic purposes or to determine if further psychosocial interventions are indicated. The request does not specify the number of units being requested and thus is not medically necessary.

Medication management session every month: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 & Stress/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." The injured worker has been diagnosed with post-traumatic stress disorder acute, musculoskeletal pain secondary to unusually stressful working condition and assault on 06-20-2015. Per report dated 08-27-2015, the injured worker declined psychotropic medication. The request for Medication management session every month unspecified number of sessions is excessive as the injured worker is not on any medications at this time and also continues to decline treatment with medications. Also, the request does not specify the number of units being requested. The request is not medically necessary.