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| Case Number: | CM15-0205509 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 07/25/2014 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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 45 year old female, who sustained an industrial injury on 7-25-2014. The medical records indicate that the injured worker is undergoing treatment for post-traumatic stress disorder and major depression. According to the progress report dated 7-7-2015, the injured worker presented to focus on addressing symptoms involving anxiety, depression, sleep issues, nightmares, and trauma. The treating physician states that "since the last visit, these symptoms have been improved". The mental status examination reveals guarded and withdrawn demeanor, anxious and irritable mood, labile affect, impaired concentration, and short-term memory impairment. The current medications are Trazodone, Gabapentin, and Pantoprazole. Treatments to date include medication management, exposure therapy (much success), and cognitive behavioral therapy. Work status is described as temporarily totally disabled. The original utilization review (9-23-2015) partially approved a request for exposure therapy sessions #4 (original request was for #10).

IMR ISSUES, DECISIONS AND RATIONALES

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

Exposure therapy, 10 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 & Stress - Exposure therapy (ET); 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: Exposure Therapy.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms related to PTSD and depression as a result of the work-related incident in July 2014. Records indicate that the injured worker has received various psychiatric/psychological treatments for these symptoms. According to [REDACTED] reports, the injured worker has participated in an IOP program as well as received medications from her health plan providers. [REDACTED] appears to conduct individual CBT psychotherapy with the injured worker. Additionally, she receives exposure therapy from [REDACTED]. She has completed at least 11 exposure treatment sessions between April 2015 and October 2015. The request under review is for an additional 10 sessions of exposure therapy with [REDACTED]. In the treatment of PTSD, the ODG recommends exposure therapy and indicates that "ET usually lasts between 8 to 12 sessions depending on the trauma and treatment protocol." Considering that the injured worker has already completed at least 11 exposure therapy sessions in addition to the other treatments that she is receiving, the request for an additional 10 exposure therapy sessions exceeds the total number of sessions typically used in the treatment of PTSD. As a result, the request for an additional 10 exposure therapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 exposure therapy sessions in response to this request.