

Case Number:	CM15-0207818		
Date Assigned:	10/26/2015	Date of Injury:	11/11/2011
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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 39 year old male, who sustained an industrial injury on November 11, 2011. The injured worker was diagnosed as having post traumatic stress disorder. Treatment and diagnostic studies to date has included at least 6 sessions of psychotherapy with psychophysiological therapy. The psychological progress report from September 23, 2015 included 4 psychotherapy with psychophysiological therapy session reports from September 2, 2015 to September 23, 2015 with the treating psychologist noting on September 23, 2015 that the injured worker has reported complaints of nightmares, disrupted sleep, thoughts of his accident, difficulty with controlling anger, weight gain, and muscle tension. The treating psychologist reported on September 23, 2015 that the injured worker has been "cooperative and engaged in treatment and has improved his ability to tolerate distress and manage his anger with psychophysiological therapy. His nightmares have decreased and he is beginning to engage in previously avoided activities. He continues to report intrusive thoughts, mood dysregulation, and negative self-evaluation." The injured worker's affect during his sessions in September was noted to be restricted with an anxious mood except on September 02, 2015 where his affect was appropriate to content but with an anxious mood. On September 23, 2015, the treating physician requested psychotherapy times 6 sessions in conjunction with psychophysiological therapy (biofeedback) times 6 sessions and psychological progress report once per month noting that these additional sessions will "continue to improve the injured worker's ability to manage autonomic arousal, reduce fear based on avoidance behaviors, decrease re-experiencing symptoms, and restructure maladaptive thinking." On September 30, 2015, the Utilization

Review determined the requests for psychotherapy times 6 sessions in conjunction with psychophysiological therapy (biofeedback) times 6 sessions and psychological progress report once per month to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 6 sessions in conjunction with psychophysiological therapy (biofeedback) times 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Cognitive therapy for PTSD.

Decision rationale: ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and 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 suffers from posttraumatic stress disorder. Per the review of submitted documentation, it is noted that he has undergone treatment so far with at least 6 sessions of psychotherapy with psychophysiological therapy without any evidence of objective functional improvement. Per the most recent progress report dated 9/23/2015, he continues to present with subjective complaints of nightmares, disrupted sleep, thoughts of his accident, difficulty with controlling anger, weight gain, and muscle tension. The request for Psychotherapy times 6 sessions in conjunction with psychophysiological therapy (biofeedback) times 6 sessions is not medically necessary in the absence of functional improvement with the initial trial.

Psychological progress report once per month: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

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 Psychotherapy Guidelines recommend: Initial trial of 6 visits and 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 suffers from posttraumatic stress disorder. Per the review of submitted documentation, it is noted that he has undergone treatment so far with at least 6 sessions of psychotherapy so far without any evidence of objective functional improvement. Per the most recent progress report

dated 9/23/2015, he continues to present with subjective complaints of nightmares, disrupted sleep, thoughts of his accident, difficulty with controlling anger, weight gain, and muscle tension. The request for Psychological progress report once per month is not medically necessary in the absence of functional improvement with the initial trial. Also, the request does not specify the duration of time, the treatment is being requested for.