MAXIMUS Federal Services

Case Number:	CM15-0211108		
Date Assigned:	10/29/2015	Date of Injury:	06/20/2015
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 in which he was assaulted. He underwent psychological evaluation on 06/30/2015. He rated depression as 1-2/5 and anxiety as 1-2/5 and anxiety as 2-3/5. He was diagnosed with anxiety NOS. He was certified for 6 psychotherapy sessions but voluntarily terminated after five. He received psychological re-evaluation on 08/27/2015. He continued to show physical reactions to memories of the traumatic event. In psychotherapy he discussed his anger and was guided towards more appropriate methods of coping. In notes of 09/08/2015 he reported insomnia, depression, severe anxiety, decreased energy, sleep disturbance, social withdrawal, nightmares, exaggerated startle response, and phobic avoidance of situations rekindling memories of the traumatic event. His mood was moderately depressed and anxious, his affect was somber, and appropriate to mood with no intermittent, frequent fearfulness manifested. Diagnoses is acute PTSD. Treatment to date has included 5 cognitive behavioral therapy. The patient declined medications. UR of 10/15/2015 non-certified the request for 15 cognitive behavioral therapy sessions; 6 beck anxiety inventories; 6 beck depression inventories and unknown monthly medication management.

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, CBT Guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding CBT for PTSD. Official Disability Guidelines; Mental Illness & Stress, Cognitive therapy for PTSD.

Decision rationale: Cognitive therapy for PTSD is recommended. There is evidence it is effective in the treatment of PTSD. Strengths of CBT is difference in the safety and efficacy of providing treatment, working through traumatic memories, and helping the person through to re-frame one's interpretations of both the event and PTSD symptoms. ODG Psychotherapy Guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The patient voluntarily terminated after five sessions. There does not appear to be objective functional improvement. This request is not medically necessary.

6 Beck anxiety inventories: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The Beck Inventories are scales by which the patient rates subjective symptoms of depression and/or anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is most helpful when administered at the beginning of treatment to establish a baseline, then re-administered periodically to evaluate the patient's current status. As the patient is not in psychotherapy or medication management, the request for 6 Beck anxiety inventories is excessive. This request is not medically necessary.

6 Beck depression inventories: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The Beck Inventories are scales by which the patient rates subjective symptoms of depression and/or anxiety, and may be used over time to monitor efficacy of treatment during psychotherapy or medication management visits. It is most helpful when administered at the beginning of treatment to establish a baseline, then re-administered periodically to evaluate the patient's current status. As the patient is not in psychotherapy or medication management, the request for 6 Beck depression inventories is excessive. This request is not medically necessary.

Unknown monthly medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding medication management. Official Disability Guidelines; Mental Illness & Stress, Office Visits.

Decision rationale: Office visits are recommended as determined to be medically necessary. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible. The patient has declined medications and no records were provided to show that this situation has changed. This request is not medically necessary.