MAXIMUS Federal Services

Case Number:	CM15-0212725		
Date Assigned:	11/02/2015	Date of Injury:	12/20/2012
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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 34-year-old male, with a reported date of injury of 12-20-2012. The diagnoses include acute post-traumatic stress disorder. The medical report and additional information for request for authorization (date not provided) indicates that the injured worker reported that she currently experienced exaggerated startle response to loud, frantic, chaotic sounds; nightmares approximately once per week; difficulty expressing herself and circular speech when she felt anxious; difficulty focusing and concentrating; mood liability: coming depressed, angry, or irritable quickly, at times with very little provocation; insomnia; guilt, worsening of depression in the morning; fatigue and loss of energy; impaired short-term and long-term memory; hypervigilance and restlessness; loss of pleasure in usual activities; change in appetite; feeling worthless; feeling sad; withdrawing from others and isolating; emotional sensitivity and easily hurt; panic attacks; avoidance of certain situations; headaches; low back pain; intrusive or unwanted thoughts; sense of constant internal pressure or drive to show progress; feeling that people don't like her; and emotional breakdowns. The objective findings include following a daily routine of self-care activities; has not experienced a panic attack since 08-26-2015; able to use ACT skills to manage panic-like symptoms during high stress situation; ability to sustain panic symptoms; and attending weekly church services. The request for psychiatric treatment and medical report dated 09-25-2015 indicates that the injured worker has not been able to work due to symptoms of post-traumatic stress disorder. The subjective findings include emotional fear, flashbacks, and limited ability to get out of bed to engage in tasks of daily living outside of home. It was noted that the increase in traumatic memories and the

decrease in avoidance indicates the continued need for individual exposure therapy. The treating physician stated that she continued to have emotional instability and mood dysregulation, which significantly affects the injured worker's ability to perform daily tasks of living and affects her ability to interact socially with family, friend, and the public. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included SAGE psychotherapy treatment. The request for authorization was dated 09-25-2015. The treating physician requested ERP (exposure and response prevention). On 10-20-2015, Utilization Review (UR) non-certified the request for ERP (exposure and response prevention).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevention (ERP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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/ Exposure therapy (ET).

Decision rationale: Per ODG, "Exposure therapy (ET): Recommended as an option. Exposure Therapy (ET) is effective in the treatment of PTSD (compared to placebo or waiting list); ET compared to other forms of therapy shows equivalent results. Patient selection criteria for Exposure Therapy (ET): Patients need to be screened for their suitability prior to undergoing ET as it may temporarily increase their level of distress. Patients living in dangerous circumstances (e.g., domestic violence or a threatening environment) are not candidates for ET until their security can be assured. Other contraindications for ET have not been confirmed in empirical research, but may include health problems that preclude exposure to intense physiological arousal, current suicidal ideation, substance abuse not in stable remission, co-morbid psychosis, or lack of motivation to undergo the treatment. Because this treatment may increase distress and PTSD symptoms in the short term, it is not well accepted by all patients, some of whom may drop out of treatment. Therefore, providers must take concrete steps to prepare patients for the treatment (e.g., present clear rationale, explore patient concerns, encourage realistic expectations, and build commitment to the therapy) in order to reduce the risk of dropout." The injured worker has been diagnosed with post-traumatic stress disorder. Per the most recent progress report dated 09-25-2015, it was suggested that he had not been able to work due to symptoms of post-traumatic stress disorder. He presented with symptoms of emotional fear, flashbacks, and limited ability to get out of bed to engage in tasks of daily living outside of home. It was noted that the increase in traumatic memories and the decrease in avoidance was indicated as the continued need for individual exposure therapy. The request for Prevention (ERP) does not specify the number of sessions being requested and thus is not medically necessary. It is to be noted that the UR physician authorized 4 sessions.