

Case Number:	CM15-0046013		
Date Assigned:	03/18/2015	Date of Injury:	10/31/2014
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 27 year old female, who sustained a work related injury on 10/31/14. She was assaulted by two people who repeatedly hit her with fists and she was thrown to the ground. The diagnoses have included head contusion, anxiety and depression. Treatments to date have included exposure therapy and ordered medications. In the PR-2 dated 2/9/15, the injured worker complains of worsening of anxiety, depression and trauma. She has been reluctant to take medication. She is awaiting authorization to continue exposure therapy, which is beneficial in helping treat her conditions. On mental examination, she is guarded and withdrawn. She is anxious and irritable. Her concentration is impaired with short term memory impairment. The treatment plan is an urgent request for authorization of an additional 14 weekly exposure therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 additional weekly exposure therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment.

Decision rationale: CA MTUS and ODG both recommend psychological treatment with a focus on identification and reinforcement of coping skills, which is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Screen for patients with risk factors for delayed recovery risk. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone with initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, treatment may consist of up to 6-10 visits over 5-6 weeks (individual sessions). With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow the 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, the claimant has had six session of exposure therapy with indication of improvement from the sessions, though there is objective documentation of functional improvement. The original UR reviewer modified the request, approving 6 of the requested 14 sessions and stating that additional sessions would be contingent on specific objective documentation of functional improvement. The requested additional 14 session of exposure therapy are not medically necessary and the original UR decision is upheld.