

Case Number:	CM15-0049933		
Date Assigned:	03/23/2015	Date of Injury:	08/28/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 62 year old male whose date of injury is 8/28/2013, while employed as a groundskeeper. He reported an automobile accident with a leg injury resulting in a contusion of the foot and ankle sprain/strain. He has a history of panic disorder, which was stable, and now suffers from panic disorder with chronic post-traumatic stress disorder. Treatment to date has included conservative measures, medications and cognitive therapy. He has completed 12 sessions, which has increased his ability to drive in anxiety producing situations and improved sleep, and is working on his stress in therapy. He has learned coping mechanisms enabling him to decrease his anxiety. PR2's from [REDACTED] (psychologist) from 09/12/2014 forward report that the IW continues to show ongoing anxiety. On 12/05/14 objectively PHQ9=15 (mod-severe depression, GAD7=14 (moderate anxiety), Epworth Sleepiness Scale=0 (no daytime sleepiness), PHQ15=12 (medium somatic symptoms severity, AMA 4.5 pain severity, 10.5 pain and frequency, 3.5 activity limitation, 4 emotional distress, and ICS 38 catastrophizing to a great degree. A PR2 of 12/19/14 shows that he has achieved maximal medical improvement. He is currently not working but the recommendation was to gradually re-integrate him into the work environment. Psychological treatment plan recommends an additional 36 sessions of cognitive behavioral therapy over the next 3 years in order to maintain his current functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Additional Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding cognitive behavioral therapy in PTSD. Official Disabilities Guidelines Cognitive therapy for PTSD Recommended.

Decision rationale: The patient has received 12 CBT sessions and has learned coping skills, which he is able to implement to decrease his anxiety. Reports by [REDACTED] state that he may be re-integrated into the work environment gradually. The request for additional psychotherapy is for purposes of maintaining his current functional status. Treatment simply to maintain one's status is considered to be supportive, or one that would be soothing and comforting in nature, which is not included in ODG guidelines. Per ODG, it is unclear if supportive therapy is of any clinical value in the treatment of PTSD. In addition, the sheer number of sessions requested (36) at one time is unreasonable. This request is therefore not medically necessary.