

Case Number:	CM15-0052731		
Date Assigned:	03/26/2015	Date of Injury:	08/04/2013
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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 65 year old male whose date of injury is 08/14/2013. His bus hit and killed a bike rider and he was convicted of misdemeanor manslaughter. He was diagnosed with chronic post traumatic stress disorder and depression NOS. Treatment included cognitive behavioral therapy and psychotherapy. He has completed 10 CBT with 4 biofeedback sessions, and as of 02/03/15 3 of 4 initially authorized individual therapy sessions. PR2 of 02/03/15 shows that he currently complains of severe agitation and anxiety. He has moderate psychologic impairment, with impaired cognitive abilities that vary with his level of distress. He has classic PTSD symptoms, and continues to experience depression and unresolved anger over the house arrest and stress related to his wife's recent neck fusion. He recognizes that he is capable of confronting trauma and learning coping strategies. He is making slow progress in working through the first 3 steps of PTSD, taking personal responsibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional CBT x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Cognitive therapy for PTSD.

Decision rationale: There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help, de-briefing, or supportive therapy in preventing more entrenched PTSD symptoms. Importantly, it is unclear if supportive therapy was of any clinical value in the treatment of PTSD since it appeared to impede psychological recovery. 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: 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. The patient has made slow but objective functional improvement reported in his treatment as of the last PR2 of 02/03/15 and should be afforded the opportunity for additional CBT, with re-evaluation upon completion. This request is therefore medically necessary.

Re-Evaluation with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): s 100-101.

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation, pages 100-101. The psychological evaluation can guide the provider towards a better understanding of the injured worker's needs, however no rationale has been provided and there has been no detailed assessment of the patient's progress. This request is therefore not medically necessary.

