

Case Number:	CM15-0082515		
Date Assigned:	05/04/2015	Date of Injury:	08/15/2014
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Psychologist

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 64-year-old male, who sustained an industrial injury on August 15, 2014, incurring head, neck and lower back injuries after an altercation. He was diagnosed with major depression and post-traumatic stress disorder. Treatment included physical therapy, chiropractic sessions, medications, rest, home exercise program and psychotherapy. Currently, the injured worker complained of depression, chronic pain, anxiety, nightmares and flashbacks of the attack. The treatment plan that was requested for authorization included twelve sessions of psychotherapy, and Beck anxiety inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of Psychotherapy (once a week for twelve weeks): Overturned

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 Chapter regarding Cognitive Therapy for Depression.

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 and Stress Chapter Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation with [REDACTED] in November 2014. In that report, [REDACTED] recommended that the injured worker receive follow-up psychotherapy weekly for 6 months. It appears that the injured worker did indeed begin follow-up therapy with treating psychologist, [REDACTED], for an unknown number of sessions. In the PR-2 report dated 3/25/15, both [REDACTED] and [REDACTED] provide relevant and appropriate information to substantiate the need for additional services. However, there is no information about the number of completed sessions to date, which is typically necessary when requesting additional services. It is assumed given the date of the initial evaluation, that the injured worker has received a minimum of 12-16 psychotherapy sessions to date. Despite having completed these sessions, the injured worker continues to be symptomatic, experiencing both symptoms of PTSD and depression. The ODG recommends a total of 13-20 sessions for the treatment of PTSD. However, in complicated cases in which there are symptoms of both PTSD and depression, a total of 50 sessions or therapy lasting for one year, may be necessary. Given this guideline, the request for an additional 12 sessions appears appropriate. As a result, the request for an additional 12 weekly psychotherapy sessions is medically necessary. It is suggested that future reports indicate the number of completed sessions to date which will help determine future medical necessity.

Beck anxiety inventory (once a week for six weeks): Overturned

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 Chapter , BDI (Beck Depression Inventory -2nd edition).

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 and Stress Chapter Beck Depression Inventory (BDI).

Decision rationale: The ODG does not address the use of the BAI, but does discuss the use of the BDI. As a result, the guidelines regarding the use of the BDI will be used for reference for this review. The ODG recommends the use of the BDI as a first line option, psychological assessment. Both treating psychiatrist, [REDACTED], and treating psychologist, [REDACTED], utilize the BDI and the BAI to measure the injured worker's continued symptoms and to track progress and improvements resulting from the psychotropic medications and psychotherapy. Therefore, the use of the BAI is appropriate and helps to establish not only a baseline, but continued treatment effects. As a result, the request for use of the BAI once every 6 weeks for a total of 2 is medically necessary.

Beck depression inventory (one a week for six weeks): Overturned

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 Chapter, BDI -(Beck Depression Inventory -2nd edition).

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 and Stress Chapter Beck Depression Inventory (BDI).

Decision rationale: The ODG recommends the use of the BDI as a first line option, psychological assessment. Both treating psychiatrist, [REDACTED], and treating psychologist, [REDACTED], utilize the BDI and the BAI to measure the injured worker's continued symptoms and to track progress and improvements resulting from the psychotropic medications and psychotherapy. Therefore, the use of the BDI is appropriate and helps to establish not only a baseline, but continued treatment effects. As a result, the request for use of the BDI once every 6 weeks for a total of 2 is medically necessary.