

Case Number:	CM14-0160735		
Date Assigned:	10/06/2014	Date of Injury:	11/15/2013
Decision Date:	11/06/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 33-year-old female with an 11/15/13 date of injury. At the time (7/1/14) of request for authorization for 20 Additional exposure therapy sessions, there is documentation of subjective (anxiety, depression, hypervigilance, hyperarousal, and severe sleep disruption) and objective (guarded/alooof demeanor, dysphoric/anxious/irritable mood, labile affect, and impaired concentration) findings, current diagnoses (post-traumatic stress disorder and major depression), and treatment to date (medications, cognitive behavior therapy, and 12 sessions of exposure therapy). Medical reports identify that exposure therapy helps relax the injured worker, mood is more stable, anxiety is level is down, and is able to tell the mail person to leave the package on doorstep in order to maintain control of the emotions; and the exposure therapy will desensitize the injured worker's trauma in the near future.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Additional Exposure Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ptsd.va.gov American Psychiatric Publishing 2010

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress, Exposure Therapy Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies documentation of PTSD, screening for suitability prior to undergoing Exposure Therapy (ET), patient not living in dangerous circumstances (such as domestic violence or a threatening environment), contraindications have been addressed (such as current suicidal ideation, substance abuse not in stable remission, co-morbid psychosis, or lack of motivation to undergo the treatment), and concrete steps taken to prepare patient for the treatment (such as present clear rationale, explore patient concerns, encourage realistic expectations, and build commitment to the therapy), as criteria necessary to support the medical necessity of exposure therapy. In addition, ODG supports up to 8 to 12 sessions of Exposure Therapy (ET) depending on the trauma and treatment protocol Exposure. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post-traumatic stress disorder and major depression. In addition, given documentation that exposure therapy helps relax the injured worker, mood is more stable, anxiety is level is down, and is able to tell the mail person to leave the package on doorstep in order to maintain control of the emotions, there is documentation of functional benefit and an increase in activity tolerance as a result of exposure therapy provided to date. However, there is documentation of at least 12 exposure therapy completed to date, which is the limit of the guidelines. Therefore, based on guidelines and a review of the evidence, the request for 20 Additional exposure therapy sessions is not medically necessary.