

Case Number:	CM14-0180897		
Date Assigned:	11/04/2014	Date of Injury:	01/23/2014
Decision Date:	12/09/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/29/2014

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 licensed in Psychology 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 as are provided for this IMR, this patient is a 30 year old female who reported a work-related injury that occurred on January 23, 2014 during the course of her normal duties as a personal banker. The injury occurred when she was working with a client who became aggressive and agitated and was throwing things around the bank when he pushed her down, she fell against her desk and onto the floor. She reported developing severe back pain as a result. Prior treatments have included physical therapy, acupuncture, chiropractic, home exercise, work restrictions, and psychiatry/psychiatry. She has been prescribed Cymbalta 60 mg it is unclear if the medication is benefiting her. According to a primary treating psychologist report PR-2, she has been diagnosed with posttraumatic stress disorder, major depression single episode, lumbar radiculopathy, and sprain or strain of the lumbar region. Psychological treatment has been provided (unspecified quantity) including the use of cognitive behavioral therapy with the treatment goal of decreasing depression and anxiety and increasing her sleep quality. In addition, she has "been receiving weekly exposure therapy sessions provided by a specialist." It is unclear but appears that the exposure therapy treatment is being provided separately from the cognitive behavioral therapy. A progress note from July 30, 2014, regarding the exposure therapy states that "she is less anxious than she was but continues to have bouts of depression, crying spells, and poor sleep but that her outlook is a little bit more positive and she's beginning to believe she can pull through this rough time." There is another note from the same provider stating that she is sleeping better and has decreased anxiety, and has completed 10 of the authorized 13 sessions. The total number of sessions that have been provided to date was not specified and was difficult to estimate from the progress notes provided. There is one indication that 10 sessions were authorized in June 25, 2014. Another 12 sessions were authorized from April and May. Additional sessions may have been offered, but no total was provided. A request

for 10 additional sessions was made in September 2014 and not approved; this IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional sessions of exposure therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Topic, Exposure Therapy, November 2014 update

Decision rationale: The MTUS guidelines are nonspecific with regards to exposure therapy; however, the Official Disability Guidelines (ODG) does address the issue and states that it is recommended as an option in the treatment of post-traumatic stress disorder (PTSD). That exposure therapy helps men and women with PTSD reduce the fear associated with their experience through repetitive, therapist-guided confrontation of feared places, situations, memories, thoughts, and feelings. Exposure therapy usually lasts from 8 to 12 sessions depending on the trauma and the treatment protocol. With respect to this requested treatment for an additional 10 sessions of exposure therapy, the medical notes provided do not support the medical necessity of additional exposure therapy treatment. The total number of sessions provided to date was not clearly stated, the medical records suggest at least 23 sessions have already been provided. The Official Disability Guidelines suggest that a course of treatment lasting 8 to 12 sessions would be normative. Given that the quantity of sessions is already exceeded that recommendation, an additional 10 sessions is excessive. Medical necessity for psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Based on the quantity exceeding recommendation and the functional improvement not being adequately documented, the request is not medically necessary.