

Case Number:	CM14-0080037		
Date Assigned:	07/18/2014	Date of Injury:	10/30/2012
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 a licensed Psychologist 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:

The claimant is a 31 year-old male (██████████) with a date of injury of 10/30/12. The claimant sustained burn injuries as well as an injury to his back and psyche while working as a propane truck driver for ██████████. According to the "Notification of Denial" and utilization "Review Summary" dated 5/2/14, the claimant has been diagnosed with "3rd degree burn leg NOS" as well as with PTSD. It was indicated in that report that the claimant had "completed psychiatric counseling" however, there are no medical records submitted for review to confirm or elaborate on any of the information stated in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Family Therapy 90847: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Psychosocial adjunctive methods (for PTSD)-Mental Models of Psychosocial Rehabilitation Services.

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 PTSD psychotherapy interventions Recommended as indicated below. Providers should explain to all patients with PTSD the range of available and effective therapeutic options for PTSD. Cognitive Therapy (CT), Exposure Therapy (ET), Stress Inoculation Training (SIT),

and Eye Movement Desensitization and Reprocessing (EMDR) are strongly recommended for treatment of PTSD in military and non-military populations. EMDR has been found to be as effective as other treatments in some studies and less effective than other treatments in some other studies. Imagery Rehearsal Therapy [IRT] and Psychodynamic Therapy may be considered for treatment of PTSD. Patient education is recommended as an element of treatment of PTSD for all patients. Consider Dialectical Behavioral Therapy (DBT) for patients with a borderline personality disorder typified by parasuicidal behaviors. Consider hypnotic techniques especially for symptoms associated with PTSD, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Specialized PTSD psychotherapies may be augmented by additional problem specific methods/services and pharmacotherapy. Combination of cognitive therapy approaches (e.g., ET plus CT), while effective, has not proven to be superior to either component alone. Specific psychotherapy techniques may not be uniformly effective across all patients. When selecting a specific treatment modality, consideration of patient characteristics such as gender, type of trauma (e.g., combat vs. other trauma), and past history may be warranted. Patient and provider preferences should drive the selection of evidence-based psychotherapy and/or evidence-based pharmacotherapy as the first line treatment. Selection of individual interventions should be based upon patient preference, provider level of skill and comfort with a given modality, efforts to maximize benefit and minimize risks to the patient, and consideration of feasibility and available resources. Psychotherapies should be provided by practitioners who have been trained in the particular method of treatment, whenever possible. A stepped care approach to therapy administration may be considered, though supportive evidence is lacking. Psychotherapy interventions are aimed at reduction of symptoms severity and improvement of global functioning. However, the clinical relevance and importance of other outcome indicators (e.g., improvement of quality of life, physical and mental health) are not currently well known. (VA/DoD, 2004) ODG Psychotherapy Guidelines:- Initial trial of 6 visits over 6 weeks- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding psychotherapy interventions for the treatment of PTSD will be used as reference for this case. Based on the review of the records submitted, there is not enough information to support the request. There are no medical records submitted, only the utilization review reports. Without any progress reports demonstrating prior services, progress of those services, and recommendations for further treatment, the request for "Family Therapy 90847" cannot be substantiated. Additionally, the request remains too vague as it does not indicate how many sessions are being requested and the duration of time for which the sessions are to occur. As a result, the request for "Family Therapy 90847" is not medically necessary.