

Case Number:	CM14-0080468		
Date Assigned:	07/18/2014	Date of Injury:	05/28/2013
Decision Date:	10/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a 52 year old female who is evidently suffering from psychiatric symptoms related to a work injury sustained in May of 2013. She has apparently returned to work on a part time basis. She has been treated with CBT and as of August 20th of this year she has had 4 sessions. On August 18th she underwent a battery of psychological tests which suggested a diagnosis of Adjustment Disorder. The patient's GAF score at that time was noted to be 60. The provider has requested coverage for 8 additional group therapy sessions, 6 biofeedback sessions, additional psychotherapy (unspecified number of sessions) a follow up visit (no specification noted) and "psychiatric evaluation and treatment" (one session). The requested services were for a diagnosis of PTSD despite the diagnosis indicated by the 8/18 evaluation cited above. The previous reviewer denied coverage for the above due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional group psychotherapy (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
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 Other Medical Treatment Guideline or Medical Evidence: Nationally Recognized Professional Standards

Decision rationale: The diagnostic picture is somewhat confusing as there is a past history of PTSD but current clinical information does not indicate continued symptoms of this disorder and the most recent information available shows a diagnosis of Adjustment Disorder. The patient's GAF score is 60, which is compatible with mild impairment and a clearcut rationale for continued group therapy is not apparent. MTUS and ACOEM are silent in regards to group therapy. ODG indicates group therapy for patients with PTSD but is silent in regards to number of sessions and there are no national guidelines or peer reviewed articles indicating an optimum number of group therapy visits for patients with a diagnosis of adjustment disorder. Given this information the highest tier of evidence available is the one cited above. The provider has not submitted a clinical rationale for continued group therapy. As such medical necessity for 6 additional sessions is not supported clinically.

Additional biofeedback (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 25.

Decision rationale: The above cited reference indicates a total of 6-10 sessions. The Utilization Review Decision from May of this year indicates that a total of 12 sessions have been authorized which exceeds the evidence based recommended maximum. As such the additional requested sessions should not be considered as medically necessary.

Additional individual psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
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, Summary of Medical Evidence

Decision rationale: The above recommend ongoing psychotherapy for patients with PTSD evidence of improvement. The psychotherapy notes provided from this August do not show evidence of improvement and his GAF score on the psychological testing done at that time is actually lower than the reported score of 74 reported on April 8th of this year. As such the provider has not indicated that the patient has shown objective evidence of progress and thus additional psychotherapy sessions are not supported according to the evidence based ODG.

Follow-up visit (1 session): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
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 Other Medical Treatment Guideline or Medical Evidence: Nationally Recognized Professional Standards

Decision rationale: The request is vague but according to the data submitted the reason for the request is to evaluate the patient's progress. The highest tier of evidence available is nationally recognized professional standards which warrant ongoing evaluation of progress as a condition for continued care. As such the follow up visit would appear to be warranted clinically.

Psychiatric evaluation and treatment (1 session): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The above indicate that "issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy". The patient's current GAF does not indicate the presence of a serious condition. Although there is a reported history of PTSD, current data do not support the patient as being symptomatic. Instead a diagnosis of Adjustment Disorder is reported. This is a time limited mild psychiatric condition which does not require a specialty referral according to the ACOEM guidelines.