

Case Number:	CM14-0139173		
Date Assigned:	05/26/2015	Date of Injury:	03/26/2014
Decision Date:	06/24/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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: Preventive Medicine, Occupational Medicine

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 (IW) is a 34 year old female who sustained an industrial injury on 03/26/2014. She reported anxiety related to her left wrist and shoulder and neck injury. The injured worker was diagnosed as having post- traumatic stress disorder. Treatment to date has included pain management counseling sessions. Currently, the injured worker complains of feeling depressed and wanting to isolate herself. The worker took the PCL-5 and scored 59, which strongly suggests a diagnosis of PTSD and is consistent with her presentation and the symptoms reported. The treatment plan is for the worker to develop a pain management program to use on a daily basis and during the counseling sessions to be educated on the pain cycle, differentiating between harm versus hurt, and sleep hygiene strategies. A request is made for 12 Pain Management Counseling Sessions for PTSD and Anxiety Related to Left Wrist and Shoulder and Neck Injury as an Outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Pain Management Counseling Sessions for PTSD and Anxiety Related To Left Wrist and Shoulder and Neck Injury as an Outpatient: 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 Stress Chapter.

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 Section.

Decision rationale: The MTUS does not address the use of pain management in PTSD, therefore the Official Disability Guidelines were referenced. Per the ODG, cognitive therapy is recommended for PTSD. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. Cognitive therapy is an effective intervention for recent-onset PTSD. Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help, debriefing, or supportive therapy in preventing more entrenched PTSD symptoms. Importantly, it is unclear if supportive therapy was of any clinical value in the treatment of PTSD since it appeared to impede psychological recovery. Strengths of CBT is difference in the safety and efficacy of providing treatment, working through traumatic memories, and helping the person through to re- frame one's interpretations of both the event and PTSD symptoms. Most importantly, CBT tended to have no to few side effects, unlike medications and could be employed efficiently for acute symptom treatment. Cognitive Therapy (CT) is effective with civilian men and women exposed to combat and noncombat trauma. Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) The request for 12 visits is reasonable for this injured worker, and within the recommendations of the ODG. The request for 12 pain management counseling sessions for PTSD and anxiety related to left wrist and shoulder and neck injury as an outpatient is determined to be medically necessary.