

Case Number:	CM14-0214660		
Date Assigned:	01/07/2015	Date of Injury:	07/31/2014
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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: Psychologist

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 provided medical records, this 61 year old male patient had a work-related injury that occurred on July 31, 2014 during the course of his employment for [REDACTED]. The patient worked as lead man for 3 departments when on the date of the accident he suffered a severe burn when his right knee buckled while working with liquid chemicals that ignited. He suffered severe burns as his clothing caught on fire with burns to his hands, torso and face. There are several prior work related injuries including carpal tunnel resulting in release surgery for his right hand and back injury with herniation of 3 discs, and a re-injury of his back in November 2014. This IMR will focus on his psyche as it relates to the current requested treatment. He reports decreased energy, sexual dysfunction, irritability and anger, tearful and sadness, nightmares, fear and avoidance, intrusive recollection of the accident, hypervigilance, anxiety, feelings of doom. The resulting injury has reportedly caused significant distress in the patient's marriage. He underwent a comprehensive psychological assessment in December 2014. He is diagnosed with the following: Post-Traumatic Stress Disorder, chronic; Pain Disorder associated with both psychological factors and a general medical condition. A course of 12 sessions of individual psychotherapy for cognitive behavioral emphasis was recommended as well as a comprehensive psychopharmacological evaluation and treatment. A request was made for 12 psychotherapy sessions, the request was modified to allow for 4 psychotherapy sessions by utilization review. A 2nd request was made for one psychopharmacological evaluation and treatment, this request was modified to allow for the pharmacological evaluation only with the treatment non-certified. This IMR will address a request to overturn those decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

psychotherapy sessions x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s).

Decision rationale: based on this patient's psychological symptoms as reported in the medical records, psychological treatment is indicated, however the medical necessity of the quantity of sessions requested exceeds guidelines. According to the MTUS guidelines for cognitive behavioral therapy, and initial treatment course is recommended that consists of 3-4 sessions as a trial to determine whether or not the patient is responsive to the treatment. Additional psychological care is contingent upon documentation of patient benefit from the initial treatment trial. Specifically, objective functional improvements should be noted if additional sessions are requested. The utilization review correctly non-certified the request for 12 sessions with a modification to allow for the initial treatment trial consisting of 4 sessions. According to the official disability guidelines, the course of treatment for most patients of 13 to 20 sessions is appropriate if progress has been made. In some cases of severe major depression/PTSD additional sessions can be authorized up to a maximum of 50. In this case, the request for 12 sessions at the initial start of a course of psychological cognitive behavioral treatment exceeds the guideline recommendation and protocol for an initial treatment trial consisting of 3 to 4 sessions. Because the medical necessity of the requested 12 sessions exceeds the recommended guidelines it was not established. Because medical necessity was not established the utilization review determination to allow for 4 sessions and non-certified 8 sessions is upheld.

Psychopharmacological evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, 398, Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment, 4/27/2007,.

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

Decision rationale: According to the ACOEM guidelines for stress-related conditions, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions,

such as mild depression, he referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. 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.