

Case Number:	CM14-0217931		
Date Assigned:	01/07/2015	Date of Injury:	05/10/2011
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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:

This 29 year old male reportedly sustained a work related injury on May 10, 2011 due to a crush injury of the left arm. Multiple reconstructive surgeries, medications and occupational and physical therapy treatments were necessary. Subsequently he experienced increasing emotional issues. Diagnoses include major depressive disorder single episode moderate, generalized anxiety disorder, post traumatic stress disorder, chronic insomnia related to generalized anxiety disorder and chronic pain and stress related physiological response affecting headaches. Psychological evaluation dated July 1, 2014 provides the injured worker is a difficult historian due to his psychological and cognitive impairment. He continues with pain in the left arm and numerous severe emotional and psychological problems that have in the past and continue to adversely affect himself and people around him. He reports depression, anxiety, sexual difficulties, memory problems, arm complaints, sleep disturbance and gastrointestinal difficulties. Recommendation is for continued physical and psychological intervention and treatment. If the injured worker progresses to a point he could work again that he not be employed in a position where there is a risk of involvement of an industrial accident or where he would be required to handle stress or conflicts while interacting with people. He is permanent and stationary. On December 2, 2014 utilization review modified a request dated November 19, 2014 for group psychotherapy and cognitive behavioral therapy/ psychotherapy 1 time per week for 6 months and denied request for crisis intervention services, individual session 75-80 minutes for generalized anxiety disorder, post-traumatic stress disorder, insomnia and medical hypnotherapy/relaxation for generalized anxiety disorder, post-traumatic stress disorder,

insomnia. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral and supportive psychotherapy 1 times per week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. He has also been struggling with psychological symptoms of depression and anxiety and has been receiving both psychological and psychiatric treatment to help him manage and reduce his symptoms. The ODG recommends a total number of 13-20 psychotherapy sessions as long as CBT is being completed and there is evidence of objective functional improvement. The request for CBT 1 time per week for 6 months exceeds this recommendation. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization for 4 CBT sessions (once per week for 4 weeks) in response to this request.

Group Medical psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. He has also been struggling with psychological symptoms of depression and anxiety and has been receiving both psychological and psychiatric treatment to help him manage and reduce his symptoms. The ODG recommends group therapy as a viable treatment for PTSD. However, the request does not indicate the number of sessions being requested nor the duration for which the sessions are to occur. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization for 4 group therapy sessions (once per week for 4 weeks) in response to this request.

Crisis Intervention services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. He has also been struggling with psychological symptoms of depression and anxiety and has been receiving both psychological and psychiatric treatment to help him manage and reduce his symptoms. It is reported that the injured worker has experienced suicidal ideation in the past and it is recommended that he be afforded crisis intervention services if needed. At this time, the injured worker is being offered both individual and group psychotherapy for which crises can be addressed if it were to become necessary. As a result, the request for crisis intervention services is not medically necessary.

Individual session 75-80 minutes for Generalized Anxiety Disorder, Post Traumatic Stress Disorder, Insomnia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. He has also been struggling with psychological symptoms of depression and anxiety and has been receiving both psychological and psychiatric treatment to help him manage and reduce his symptoms. The ODG recommends a total number of 13-20 psychotherapy sessions as long as CBT is being completed and there is evidence of objective functional improvement. He is already being afforded both individual and group psychotherapy. Additional sessions of individual therapy, albeit longer sessions, are not medically necessary.

Medical hypnotherapy/relaxation treatment for Generalized Anxiety Disorder, Post Traumatic Stress Disorder and Insomnia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2011. He has also been struggling with psychological symptoms of depression and anxiety and has been receiving both

psychological and psychiatric treatment to help him manage and reduce his symptoms. He is being afforded both individual and group psychotherapy. Although it is recommended that the injured worker also receive hypnotherapy sessions, the request does not specify the number of sessions being requested nor the duration for which the sessions are to occur. As a result, the request for hypnotherapy is not medically necessary.