

Case Number:	CM15-0012473		
Date Assigned:	01/30/2015	Date of Injury:	09/21/2012
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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 45 year old man sustained an industrial injury on 9/21/2012 after rear-ending another truck. Current diagnoses include multilevel stenosis of the cervical spine, left shoulder impingement, left hand sprain, lumbar spine sprain, left hip contusion, left knee patellofemoral pain and contusion, psychological and sleep issues, and dizziness with headaches. Treatment has included oral medications, surgical intervention, post-operative physical therapy, and comprehensive psychology consultation. Physician notes dated 12/10/2014 show shoulder, back, and leg pain. Recommendations include physical therapy, evaluation and treatment with pain management, and 24 sessions of cognitive behavior therapy with one year of medication and consultation as recommended by psych AME. On 12/23/2014, Utilization Review evaluated prescriptions for 24 sessions of cognitive behavior therapy with one year of multi psychotropic medication and consultations as recommended that were submitted on 1/14/2015. The UR physician noted psychological treatment incorporated with pain treatment has shown short term pain benefits and long term effects on return to work. A trial is reasonable and additional treatments may be approved with supportive documentation of functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of cognitive behavior psychotherapy with 1 year of multi psychotropic medication and consultations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Stress and Mental Health Chapters

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 is experiencing psychiatric symptoms of PTSD and depression. Although he has been receiving psychotropic medications to help treat these symptoms, he has not received any psychological services. The request under review is for initial treatment as well as follow-up office visits for medication management services. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of PTSD. Given this guideline, the request for an initial 24 sessions exceeds the recommended number of initial session. Additionally, although office visits are recommended, setting up visits one year out is unreasonable. As a result, the request for 24 CBT psychotherapy sessions with 1 year of psychotropic medication and consultation visits is not medically necessary. It is noted that the injured worker received a modified authorization for 4 initial CBT sessions in response to this request.