

Case Number:	CM15-0018043		
Date Assigned:	02/05/2015	Date of Injury:	08/22/2013
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/30/2015

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:

The injured worker is a 69 year old female who sustained an industrial injury on 08/22/2013. The current diagnoses include post-traumatic stress disorder, acute. Treatments to date include medication management and 19 sessions of psychotherapy and cognitive behavior therapy. Report dated 02/02/2015 noted that the injured worker presented with complaints that included feelings of hyper-vigilance when she is out and about and anxiousness. Physical examination was positive for depression. The utilization review performed on 12/23/2014 non-certified a prescription for 6 additional psychotherapy and cognitive behavior therapy sessions, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision. The medical records provided indicate the patient has been benefiting from treatment. In addition, in a note from January 12, 2015 it is noted that the patient reports decreased episodes of insomnia, reduced irritability and crying, and somewhat renewed interest in some of her former activities such as reading exercising traveling and singing. She still reports significant symptoms of feeling unsafe and needing to find a way out of situations and becomes anxious with physical manifestations of heart palpitations. A treatment goal has not yet been reached of walking in a nearby park.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Psychotherapy and Cognitive Behavior Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT), Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 update

Decision rationale: Continued psychological treatment is contingent upon all 3 of the following factors being documented: significant patient psychological symptomology, patient benefit from prior treatment including objective functional improvements, and that the total quantity of sessions requested is consistent with MTUS/official disability guidelines. Those guidelines state that for most patients a course of treatment consisting of 13-20 sessions maximum can be provided if there is evidence of patient benefit. According to the provided medical records, this patient has received 18 sessions of psychological treatment. The mechanism of injury was noted that the claimant suffered myofascial injuries to the neck, upper back, and bilateral wrists as a result of a fall into a sinkhole. There was a sensation of sinking into a quicksand-like substance and a feeling of impending death. She reportedly developed symptoms of depression, anxiety and insomnia. She currently reports anxiety and irritability but no depression, insomnia or mood swings. A request for 6 additional sessions would bring the total to 24 sessions. There is an indication in the records that the request was modified by utilization review to allow for 2 additional sessions bringing the total to 20 so that it is consistent with the treatment guidelines. The utilization review determination for non-certification with a partial modification to allow for 2 final sessions is consistent with ODG guidelines is technically correct. However, after careful review of the provided medical records there are indications that a few additional sessions would be appropriate and medically indicated and should be offered to facilitate this course of psychological treatment to a close by transitioning her to independent use of relaxation techniques to keep herself calm in the face of anxiety provoking stimuli that replicate the traumatic experience. There is sufficient evidence in the medical records of patient benefit from prior treatment and psychological symptomology at a reduced level. The official disability guidelines make an allowance that in some cases of severe major depression or PTSD additional sessions up to 50 can be offered if there is sufficient evidence of patient benefit from prior treatment. While the patient does not have severe major depression nor does she have a full diagnosis of PTSD, her symptoms do have traits of a mild PTSD-like clinical syndrome with avoidance behavior, obsessive/intrusive thoughts and anxiety. Allowing the patient to have 6 more sessions (4 more than were allowed under the UR modification) for a total of 24 appears to be reasonable and medically indicated and should be used to transition the patient and bring her treatment to a close. Because medical necessity was established the utilization review decision is overturned.