

Case Number:	CM15-0113597		
Date Assigned:	06/22/2015	Date of Injury:	10/10/2014
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 58 year old female who sustained an industrial injury on 10/10/14. On psychological evaluation and testing of 5/7/15 she complains of constant headaches at 7/10 and constant bilateral upper trapezius pain at 6/10. She takes Advil as needed. After her industrial injury she developed PTSD symptoms-she was afraid she would die, nightmares several times a week, daily flashbacks, avoidance behavior, talking/thinking about the incident, hypervigilance, exaggerated startle response, foreshortened sense of her future, and emotional numbness. She also reported depression manifested by crying, sadness, anergia, anhedonia, irritability, anger, impaired concentration and memory, social withdrawal, and hopelessness. She experienced anxiety manifested by hyperhidrosis. At the time of this evaluation, mood was dysphoric with congruent affect. She was tearful. There was no impairment in concentration, memory or attention. There was no psychomotor retardation, rapid speech, hypervigilance, restlessness, or tremulousness. She reported nervousness, anxiety, hyperhidrosis, and flashbacks around two per day. Depression had improved, now occurring 1-2 times per week for 2 hours. She had no suicidal/homicidal ideation, and no symptoms of panic. Between 11/2014-04/2015 she had 3-4 sessions with a [REDACTED], with no report of benefit or no benefit. It appears that she received 4-5 sessions with a therapist concurrently. In 04/2015 she was on Trazodone and Xanax for two weeks, which she discontinued on the advice of this therapist. She wants to return to work. On psychological testing, her overall scores were considered to be invalid as it was felt that she was trying to present herself in a better light. Beck Inventories were minimal for depression and mild for anxiety. Epworth Sleepiness Scale indicated absence of a sleep disorder. Recommendations

are psychotherapy with cognitive behavioral orientation to develop skills to cope with anxiety and depression, a psychiatric evaluation, and provision of psychotropic medications and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy sessions with cognitive behavioral orientation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The patient suffers from PTSD. She had prior sessions reported between 11/2014-04/2015 but there were no results noted of benefit or lack thereof. She reports improvement in symptoms, but some remain. She may benefit from a short course of CBT, as she wants to return to work, but per MTUS/ODG this begins with an initial trial of 3-4 sessions over 2 weeks followed by certification of up to 6-10 visits over 5-6 weeks if there is evidence of objective functional improvement. It is unknown if her prior sessions were effective or not, and this request is for 12 visits, not the initial 3-4 per guidelines. This request is not medically necessary.

Unknown psychotropic medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office visits, Psychosocial/pharmacological treatments, Antidepressants for treatment of PTSD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychotropic medications. Official Disability Guidelines Mental Illness & Stress PTSD pharmacotherapy.

Decision rationale: As this request does not specify a particular medication or class of medications, PTSD pharmacotherapy will be referred to based on her diagnosis. Pharmacotherapy is indicated for treatment of PTSD, per ODG. SSRI's are the treatment of choice, followed by tricyclic anti-depressants and MAOI's, which carry more unfavorable side effects. Benzodiazepines are not recommended for long term use of core PTSD symptoms. Prazosin may be considered as augmentation. There is insufficient evidence to recommend a mood stabilizer. Since PTSD is a chronic disorder maintenance treatment should be done periodically. As no specific psychotropic medication has been specified, this request is not medically necessary.