

Case Number:	CM15-0120430		
Date Assigned:	07/08/2015	Date of Injury:	02/14/2015
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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 32 year old female sustained an industrial injury to the psyche on 2/14/15. The injured worker was currently receiving ongoing treatment of post-traumatic stress disorder. In a complex comprehensive psychosocial consultation dated 4/30/15, the injured worker complained of depression, hopelessness, crying episodes, anxiety, nightmares, fatigue, weight gain, isolation and difficulty sleeping. Current diagnoses included post traumatic stress disorder. The physician recommended cognitive behavioral therapy twice a month, psychologist follow-up assessments and a psychosocial medication consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT psychotherapy program with an initial trial of CBT Psychotherapy 4-6 sessions, 2x/month for 2-3 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for CBT program with an initial trial of CBT psychotherapy 4-6 sessions, times a month for 2 to 3 months. The request was non-certified by utilization review with the following provided rationale: "... There is presently no indication of significant subjective plates and impairment in activities of daily living secondary to the offered diagnosis of PTSD..." This IMR will address a request to overturn the utilization review decision. According to a complex comprehensive psychosocial consultation from April 30, 2015, the patient was "the Sultan while at work by a female customer, who punched the patient in the left eye, pushed her, yelled at her using profanity, verbally threatened the patient and called the patient names." The following symptoms are reported by the patient: "feels the press daily since the assault and feels hopeless and withdraws to bed when not working, crying episodes 3 to 4 times per week, feeling anxious daily since the assault insecure and fearful, sleep disturbance including nightmares regarding the subject of the assault, daily fatigue, weight gain, social isolation and irritability." The patient has been evaluated by a licensed clinical psychologist and was found to have significant industrial related psychological distress consistent with PTSD and cognitive behavioral therapy was recommended. Utilization review determination, the medical necessity of this request has been established sufficiently to warrant overturning that decision. Because there is sufficient evidence of an industrial related psychological problem the medical necessity of this request for an initial treatment trial of cognitive behavioral therapy has been established and therefore the utilization review determination of non-certification is overturned and is therefore medically necessary.