

Case Number:	CM15-0174809		
Date Assigned:	09/16/2015	Date of Injury:	11/23/2014
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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 is a 51 year old female with a date of injury on 11-23-2014. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder and depressive disorder. According to the Doctor's First Report of Occupational Injury or Illness dated 8-15-2015, the injured worker had distressing, intrusive memories of the traumatic events together with flashbacks, nightmares and difficulty initiating and maintaining sleep. She had an exaggerated startle response and hypervigilance to potential environmental threats. Per the treating physician (8-15-2015), the employee has not returned to work. Objective findings (8-15-2015) revealed the injured worker to be mildly depressed and anxious. Her thought content was centered around events surrounding trauma at work. Treatment has included psychotherapy. The request for authorization dated 8-15-2015 was for participation in [REDACTED]. The original Utilization Review (UR) (8-24-2015) denied a request for participation in the [REDACTED] for five days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Participation in the [REDACTED] x5 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation First Responder Support Network- [REDACTED]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress Chapter, topic: cognitive therapy for PTSD, August 2015 update.

Decision rationale: The industrial guidelines do not specifically address the use of a intensive residential treatment program for PTSD treatment. However, according to the Official Disability Guidelines Cognitive therapy is recommended for PTSD. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. A request was made for participation in the [REDACTED] for five days; the request was non-certified by utilization review which provided the following rationale for its decision: "a search of the California MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. The patient has received several psychotherapy sessions and has made objective functional improvement. She continues to be highly motivated to recover from her symptoms, and she no longer experiences flashbacks or intrusive memories. She is doing well under this level of care and does not need deviation from evidence-based treatment to residential treatment. She is not suicidal, homicidal, or gravely impaired." A second request to appeal was also denied by utilization review which provided the following rationale: "I confirmed with the treaty provider that the patient has not had any psychotherapy before this request for posttraumatic stress disorder. The patient is refusing appropriate medications, like selective serotonin reuptake inhibitors (SSRIs) for the posttraumatic stress disorder PTSD therefore the request for participation in the [REDACTED] five days is neither medically necessary or appropriate." This IMR will address a request to overturn the utilization review decision. In a letter of appeal it is noted that the patient witnessed a suspect who crashed a car and killed himself with a self-inflicted gunshot injury and was discovered by the patient and resulted in a "severe emotional reaction to the horrific experience." It was further noted in the treatment progress note dated September 12, 2015 that the patient had been working for the [REDACTED] for approximately 15 years and went on temporary administrative leave but returned to work shortly thereafter and was exposed to another suicide that occurred on December 14, 2014 while at work. It is reported that she continues to suffer from multiple symptoms of PTSD that are interfering with her ability to function in her employment and daily life at a clinically significant level. The medical records that were provided support the request for this treatment. The patient appears to continue to be experiencing PTSD symptoms at a clinically significant level and although she has been responding favorably to less intensive care as an outpatient, treatment progress would likely be enhanced by this treatment program in a more rapid and definitive fashion. Therefore, the medical appropriateness of this request has been established and utilization review decision is medically necessary.

