MAXIMUS Federal Services

Case Number:	CM15-0178621		
Date Assigned:	09/18/2015	Date of Injury:	10/28/2013
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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 61 year old male who sustained an industrial injury on 10-28-2013 when he was involved in a motor vehicle accident. He reported pain in the neck, right side of the chest wall and right shoulder. Treatment to date has included medications, chiropractic care, acupuncture, cognitive behavioral therapy and physical therapy. On 02-18-2015, a request was made for an evaluation and six sessions of psychological counseling for cognitive behavioral therapy. On 04-09-2015 a request was made for six more sessions of cognitive behavioral therapy. According to a letter from the psychologist dated 08-05-2015, the injured worker had completed nine out of ten of the authorized psychotherapy treatment sessions. The provider noted that the injured worker completed the Beck Depression Inventory II and the Critical Incident Responses Checklist. The injured worker scored 14, which placed him within the range of mild depression. This was a reduction from his previous score of 28, which indicated a level of moderate severe depression. Despite improvements, the injured worker continued to manifest "significant" symptoms reactive to his work injury. The provider recommended six additional sessions. According to a progress report dated 08-20-2015, the injured worker reported constant pain in the right side of the neck and on the top of the shoulder. He also reported intermittent tingling in the right hand all the way down to the fourth and fifth digits. He reported that H-Wave was helping a lot with pain. He was able to sleep better and to get off of nonsteroidal anti-inflammatory drugs. He continued to see a psychologist, which helped with anxiety and non-pharmacological pain management. Diagnoses included chronic right side cervical radiculopathy improving slowly, cervical spondylosis worse at C5-6 level, chronic pain

syndrome associated with sleep impairment, limited functional status, anxiety and posttraumatic stress disorder. The provider noted that electrodiagnostic studies would be scheduled when approved and that the injured worker would benefit from 6 more sessions of cognitive behavioral therapy. The provider noted that cognitive behavioral therapy allowed the injured worker to avoid oral medications, keep anxiety under control, continue physical exercise program and remain functional. The provider did not think that the injured worker would be able to return to his regular work or that he had reached maximal medical improvement. An authorization request dated 08-20-2015 was submitted for review. The requested services included electrodiagnostic testing, neurosurgeon consultation and six additional sessions of cognitive behavioral therapy. On 09-04-2015, Utilization Review non-certified the request for cognitive behavioral therapy additional 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy additional 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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: Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [redacted] on 3/27/15 and a total of 9 out of 10 authorized sessions between 4/2/15 and 7/2/15. In the 4/7/15 progress report, [redacted] diagnosed the injured worker with PTSD in addition to having a chronic pain disorder. Treatment appears to be focused on anxiety and depressive symptoms. In the most recent report, dated 8/5/15, [redacted] notes improvement in both symptoms of depression as well as anxiety related to PTSD. Additionally, he recommended an additional 6 psychotherapy sessions, for which the request under review is based. In the treatment of PTSD, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), is progress is being noted." In this case, the injured worker has been authorized for a total of 10 sessions and has been able to demonstrate progress from the completed 9 sessions. Utilizing the ODG guidelines, the request for an additional 6 psychotherapy sessions appears reasonable and thus, is medically necessary.