

Case Number:	CM15-0023604		
Date Assigned:	02/13/2015	Date of Injury:	09/04/2003
Decision Date:	09/28/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 with an industrial injury dated 09-04-2003. The mechanism of injury or diagnosis is not documented. The record dated 01-02-2015 is the only record available for review. Prior treatments are not documented except the injured worker was taking Nortriptyline. She presented on 01-02-2015 with documentation noting the injured worker was on Nortriptyline for pain and depression and Trazodone for insomnia. Physical exam noted there was no evidence of gross agitation or psychomotor retardation, she was less anxious and affect was appropriate. The treatment request is for (12) cognitive behavioral therapy for 12 sessions for treatment of post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive behavioral therapy for 12 sessions for treatment of post traumatic stress disorder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stress and Related Conditions, chapter 15, pages 402.

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

Decision rationale: The subjective complaint for the patient was not available. The request is for 12 COGNITIVE BEHAVIORAL THERAPY FOR 12 SESSIONS FOR TREATMENT OF POST TRAUMATIC STRESS DISORDER. Per 01/12/15 progress report, patient did not show signs of gross agitation or psychomotor retardation, no evidence of loose associations or flight of ideas, and no evidence of hallucinations or delusions. Patient's medications include Nortriptyline and Trazodone. Patient's work status was not specified. Regarding cognitive behavioral therapy, MTUS, Behavioral Interventions, page 23 states: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." In this case, only one progress report was provided which was not inclusive of patient's subjective and objective findings, patient's diagnosis, and treatment history. In that report, dated 01/12/15, the treater states that the patient should be seeing a cognitive behavioral therapist for her PTSD symptoms. However, it is not documented what the patient is suffering from, in terms of pain and psyche. It is not clear if the patient has had any behavioral therapy in the past. Without a more clear picture of the patient's etiology, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.