

<b>Case Number:</b>	CM15-0097825		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 51 year old male sustained an industrial injury during a motor vehicle accident on 9/10/10. The injured worker was diagnosed with a fracture of the left clavicle and compression fractures at T10, L1 and L2. The injured worker also sustained injuries to his teeth. The injured worker was currently receiving ongoing psychotherapy for posttraumatic stress disorder (PTSD). Documentation indicated that the injured worker had been undergoing psychotherapy since at least 9/2014. Documentation did not disclose the number of previous therapy sessions. In a psychiatric progress report dated 4/14/15, the physician noted that injured worker continued to suffer severe depression and anxiety secondary to multiple, severe industrial related injuries and complications. The injured worker complained of crying spells, severe insomnia, racing thoughts, anhedonia, anger, anxiety, depression, phobic avoidance of situations that rekindled memories of traumatic event, flashbacks, impaired concentration, irritability, low self-esteem, sleep disturbance and social withdrawal. The physician noted that the injured worker exhibited agitation, anger, anxiousness, psychomotor agitation, impaired concentration, obvious physical discomfort and tearfulness. Beck depression inventory score was 30 and anxiety score was 23. Current diagnoses included chronic post traumatic stress disorder. The treatment plan included continuing psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 time a week for 12 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Procedure Summary.

**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 continues to experience chronic pain as a result of his work-related injury in September 2010. He also continues to experience psychiatric symptoms related to PTSD and depression secondary to his chronic pain. It appears that the injured worker completed an initial psychiatric evaluation with [REDACTED] in September 2013 for which follow-up psychotherapy services was recommended. The injured worker began psychotherapy with [REDACTED], under the supervision of [REDACTED], for an unknown number of sessions. At some point, the injured worker was transferred to [REDACTED]. In the treatment of severe PTSD or depression, the ODG recommends "up to 50 sessions if progress is being made." It further suggests that "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." Unfortunately, the reports submitted fail to document the number of sessions completed as well as the progress being made from the sessions. Given the length of time that treatment has been provided, it is likely that there have been some "treatment failures." However, there is no documentation elaborating on changes in the treatment plan to address the lack of continued progress and possible treatment failures. Without adequate information to substantiate the need for additional treatment, the request for an additional 12 weeks/12 psychotherapy sessions is not medically necessary.

**Beck anxiety inventory 1 time every 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**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 BDI-II.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of his work-related injury in September 2010. He also continues to experience psychiatric symptoms related to PTSD and depression secondary to his chronic pain. It appears that the injured worker completed an initial psychiatric evaluation with [REDACTED] in September 2013 for which follow-up psychotherapy services was recommended. The injured worker began psychotherapy with [REDACTED], under the

supervision of [REDACTED], for an unknown number of sessions. At some point, the injured worker was transferred to [REDACTED]. Unfortunately, the reports submitted fails to document the number of sessions completed as well as the progress being made from the sessions. There is also no documentation elaborating on changes in the treatment plan to address the lack of continued progress and possible treatment failures. Without adequate information to substantiate the need for additional treatment, additional services are not necessary. As a result, the use of the Beck Anxiety Inventory (BAI) is not needed as the need for further treatment has not been established. As a result, the request for Beck anxiety inventory 1 time every 6 weeks is not medically necessary.

**Beck depression inventory 1 time every 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**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 BDI-II.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of his work-related injury in September 2010. He also continues to experience psychiatric symptoms related to PTSD and depression secondary to his chronic pain. It appears that the injured worker completed an initial psychiatric evaluation with [REDACTED] in September 2013 for which follow-up psychotherapy services was recommended. The injured worker began psychotherapy with [REDACTED], under the supervision of [REDACTED], for an unknown number of sessions. At some point, the injured worker was transferred to [REDACTED]. Unfortunately, the reports submitted fails to document the number of sessions completed as well as the progress being made from the sessions. There is also no documentation elaborating on changes in the treatment plan to address the lack of continued progress and possible treatment failures. Without adequate information to substantiate the need for additional treatment, additional services are not necessary. As a result, the use of the Beck Depression Inventory (BDI) is not needed as the need for further treatment has not been established. As a result, the request for Beck depression inventory 1 time every 6 weeks is not medically necessary.