

Case Number:	CM13-0019137		
Date Assigned:	10/11/2013	Date of Injury:	02/26/2008
Decision Date:	02/18/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old employee who reported an industrial injury on 2/26/2008 while working at [REDACTED] as a door greeter a position given to her to accommodate her modified duties for a separate shoulder injury. According to the medical file she had followed a person who was stealing a TV into the parking lot and a gun was pulled on her but someone involved in the crime. She has psychiatric diagnoses of Prolonged Post Trauma Stress, neurotic depression, and recurrent depression with psychosis, mild. She has had at least one year of psychotherapy for PTSD. She reports depressive and anxious stress, marital and financial problems, hopelessness and pessimism. A request for unspecified outpatient office visits for an unspecified duration was not certified and a modified one for psychotherapeutic treatment 1x a week for six weeks for a total of 6 sessions suggested as medically reasonable and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapeutic treatment, 6 additional sessions, 1/wk times 6/wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: pp. 101-102, 2010 revision, Web Edition

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

Decision rationale: After a careful and comprehensive review of this medical record a few issues stand out clearly: 1. The patient has had at least, if not more, than one year of competent psychotherapy with a qualified Psychologist, ample medical care for her shoulder injury, and psychiatric medication management (with insufficient medical records to assess). 2. By all reports only minimal progress has been made to date other than sustaining her chronic baseline level of functioning and that it is unlikely that further gain will be obtained as noted in the medical records provided in several places. 3. Based on the limited medical records there appears to be the possibility of an underlying Psychotic Disorder NOS that has not been addressed adequately with psychiatric medications. At this juncture, based on the medical files reviewed she appears to have obtained maximum benefit from her weekly (or every other week) psychotherapy treatment. Treatment duration is not specified for the psychological treatment of depression with psychotherapy in the CA-MTUS. Using the Chronic Pain guidelines for CBT for depression, an initial trial of 6 sessions over 6 weeks and with evidence of objective functional improvement a total of 13-20 visits over 13-20 weeks. According to the Practice guidelines published by the American Psychiatric Association (3rd ed.) page 56 the duration of continuation therapy for depression would be 4-6 months and in treated patients, the median time to recovery from a major depressive episode is approximately 20 weeks. The patient has already had at least 1 full year of treatment and therefore the non-certification of this request is upheld.