

Case Number:	CM13-0022240		
Date Assigned:	11/13/2013	Date of Injury:	05/16/2006
Decision Date:	02/13/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

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 Psychiatry, 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 case involves a 45 year old male with a date of injury of 5-16-06. He has been diagnosed with depression and anxiety. He has been treated with Celexa and Trazodone. He has been diagnosed with Post Traumatic Stress Disorder (PTSD). He hurt his left foot in the work injury on 5-16-06. According to [REDACTED] California License No.: [REDACTED] from his report on 3-13-13: "Both the Post-Traumatic Stress Disorder and the Depressive Disorder, Not Otherwise Specified (NOS), are the direct result of the May 16, 2006 accident and its after affects. Causation is 100% attributable to the 5/ 16/06 accident. Had it not been for the 5/ 16/ 12 accident he would not currently have these disorders. The patient does have non-industrial stressors and has had previous legal difficulties, including spending a year in jail/prison for selling drugs. [REDACTED] states that "there is no evidence that these previous non-industrial difficulties have contributed to or caused the Post Traumatic Stress Disorder or the Depressive Disorder NOS."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 24 Sessions; once weekly individual treatments for 24 weeks: Overturned

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

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, section on PTSD psychotherapy interventions.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not address psychotherapy in the context of Post-Traumatic Stress Disorder. The ODG does address this issue. The patient has a diagnosis of Post Traumatic Stress Disorder (PTSD) and has done well in psychotherapy as evidenced by documentation provided by [REDACTED] (Psychology) 2/26/08: Agreed Medical Examination in Psychology, [REDACTED], states that [REDACTED] was doing better when he was involved in psychotherapy and was treating with psychiatric medication (Lexapro). It is not clear why the treatments stopped. He should be involved in one-time per week psychotherapy for an additional 18 sessions. He should be provided with ongoing treatment with an antidepressant medication for the rest of his life. [REDACTED] [REDACTED] has also diagnosed this patient with PTSD. Because of this patient's PTSD diagnosis, Cognitive Behavioral Therapy for 24 sessions; once weekly individual treatments for 24 weeks is medically necessary.

Group Therapy twice monthly for 24 weeks: Overturned

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

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, section on PTSD psychotherapy interventions.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not address psychotherapy in the context of Post-Traumatic Stress Disorder. The ODG does address this issue. The patient has a diagnosis of PTSD and has done well in psychotherapy as evidenced by documentation provided by [REDACTED] (Psychology) 2/26/08: Agreed Medical Examination in Psychology, [REDACTED], states that [REDACTED] was doing better when he was involved in psychotherapy and was treating with psychiatric medication (Lexapro). It is not clear why the treatments stopped. He should be involved in one-time per week psychotherapy for an additional 18 sessions. He should be provided with ongoing treatment with an antidepressant medication for the rest of his life. [REDACTED] has also diagnosed this patient with PTSD. There is a close relationship between group psychotherapy and individual psychotherapy. Because the records provided show the patient did well in psychotherapy, it would be reasonable to expect the patient would do well in group psychotherapy, especially when coupled with individual psychotherapy as is the case for this patient. Because of the PTSD diagnosis and past track record for success in psychotherapy, the guidelines indicate Group Therapy twice monthly for 24 weeks is medically necessary.

