

Case Number:	CM13-0023239		
Date Assigned:	11/15/2013	Date of Injury:	07/24/2012
Decision Date:	01/13/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed 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 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/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:

The claimant is a 64 year-old male (DOB 5/2/49) with a date of injury of 7/24/12. According to medical reports, the claimant's psychological injury is the cumulative result of several work-related traumatic events over a period of several years while working as a correctional officer. The claimant has received various diagnoses over the past 2 years including: Adjustment Disorder with mixed anxiety and depression; Anxiety Disorder NOS, Depressive Disorder NOS; Major Depressive Disorder with a history of olfactory and visual hallucinations; and Posttraumatic Stress Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-weekly sessions times 3 months to prevent relapse to PTSD behaviors: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, APG I plus, 2010, chapter Stress Related Conditions; Cognitive Techniques and 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 Cognitive therapy for PTSD. .

Decision rationale: The claimant has been diagnosed with PTSD by [REDACTED] and Major Depressive Disorder by [REDACTED]. According to [REDACTED] letter dated 8/21/13, the claimant began services on October 15, 2012 and has received 23 cognitive behavioral sessions with modest effectiveness. The Official Disability Guidelines regarding the treatment of PTSD recommend an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks" may be necessary. However, regarding the treatment of combined depression and PTSD, the ODG states "Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Given the above cited guidelines, the request for additional biweekly session's times 3 months to prevent the relapse of PTSD behaviors appears appropriate and medically necessary.