

Case Number:	CM13-0027652		
Date Assigned:	03/03/2014	Date of Injury:	08/11/2011
Decision Date:	09/05/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert 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 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 47 year-old female with a date of injury of 8/11/11. The claimant sustained injury to her psyche as the result of witnessing a man cut his arms and throat while inside a [REDACTED]. The incident caused the SWAT team to arrive at the scene at which point the individual was shot and killed with the claimant only 10-20 feet from the scene. The claimant sustained this injury while working as a wine and spirits representative for [REDACTED]. In her 8/14/13 PR-2 report, [REDACTED] diagnosed the claimant with PTSD. The claimant has treated her psychiatric symptoms with psychotropic medications, individual outpatient psychotherapy, and brief participation in a PHP.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 INDIVIDUAL PSYCHO THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the

Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the limited medical records, the claimant has completed a total of 12 sessions prior to the request under review. She has also participated in 2 weeks of a PHP as well as continuing with her psychotropic medications. In her most recent PR-2 report dated 8/14/13, [REDACTED] reports that the therapy has been helpful. Despite this report, the request for an additional 24 sessions appears excessive as it does not offer a reasonable time period for reassessment of treatment plan goals, interventions, and modalities. The ODG indicates an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. The request for an additional 24 sessions exceeds the total number of sessions as recommended by the ODG. As a result, the request for "24 individual PsychoTherapy sessions" are not medically necessary.