

Case Number:	CM13-0028441		
Date Assigned:	11/27/2013	Date of Injury:	01/12/2010
Decision Date:	01/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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:

The claimant is a 53 year-old (DOB 7/28/60) male with a date of injury of 1/12/10. The claimant sustained a work-related injury to his psyche while employed as a [REDACTED]. The claimant was involved in a shooting that resulted in the death of an assailant. He has been diagnosed by [REDACTED] with posttraumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy on a maintenance basis for the next 90-120 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PTSD, psychotherapy interventions, ODG, Psychotherapy Guidelines

Decision rationale: Based on the review of the records submitted, the claimant continues to experience severe symptoms of PTSD that are associated with his work-related injury. The claimant has been receiving services with [REDACTED] since 1/17/11. Based on reports by [REDACTED] the claimant has experienced times when he has demonstrated significant and objective functional improvement, which has enabled him to continue his work as a police officer.

Unfortunately, he has also experienced exacerbations of his symptoms, particularly flashbacks, when triggered. The Official Disability Guidelines suggest that for the treatment of PTSD, 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 (individual sessions)" may be needed. The claimant's case does not fit these guidelines. It does however, meet the following guidelines which state, "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." Based on the level of severity of the psychological injury and continued need of services by the claimant, the request for "Individual psychotherapy on a maintenance basis for the next 90-120 days on a weekly basis (DOS 8/21/13)" is medically necessary.