

Case Number:	CM13-0029179		
Date Assigned:	03/28/2014	Date of Injury:	04/30/2008
Decision Date:	04/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 42-year-old male who reported an injury on 04/30/2008 after a fall of approximately 2 stories. The patient's treatment history included activity modifications, medications, physical therapy, and psychotherapy. The patient's most recent psychological treatment update dated 08/01/2013 noted that the patient had attended a total of 12 individual psychotherapy sessions. It was noted that the patient had a Beck Depression Index score of 13, which was lower than his previous score of 24, with less irritability and more calmness. It was noted that the patient had less intense post-traumatic stress related symptoms. It is noted that the patient had returned to employment and had become more physically active and had verbalized more realistic expectations of the future, self and others, and pain. It was noted that the patient continued to experience significant levels of depression and pain that would benefit from further psychotherapy treatment. The request was made for 6 additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 INDIVIDUAL PSYCHOTHERAPY SESSIONS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, Cognitive Therapy for PTSD.

Decision rationale: California Medical Treatment Utilization Schedule does not address psychotherapy treatments for post-traumatic stress disorder. Official Disability Guidelines recommend up to 20 visits of psychotherapy for post-traumatic stress disorder if functional benefits are documented. The clinical documentation submitted for review does indicate that, as a result of the prior 12 treatments, the patient has made significant gains. However, the patient continues to have functional deficits related to their condition that would benefit from further therapy. The requested additional 6 visits fall within the guideline recommendations of 20 individual psychotherapy visits. As such, the requested 6 individual psychotherapy sessions are medically necessary and appropriate.