

Case Number:	CM13-0030546		
Date Assigned:	11/27/2013	Date of Injury:	08/25/2011
Decision Date:	02/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 24-year-old male who reported an injury on 08/25/2011 after being struck in the head during a robbery. The patient received extensive psychiatric support for the resulting posttraumatic stress syndrome. The patient's most recent evaluation noted that the patient continued to experience headaches and episodes of lightheadedness, complicated by significant depression and anxiety. Physical findings included a Beck Depression Inventory score of 23 and a Beck Anxiety Inventory score of 39. The patient's diagnoses included posttraumatic stress disorder and major depressive disorder with a single episode. The patient's treatment plan included day treatment/partial hospitalization on an industrial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Day treatment/partial hospitalization 30 days/4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress (updated 05/13/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress Chapter, PTSD, Psychotherapy Interventions.

Decision rationale: The requested day treatment/partial hospitalization for 30 days/4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient suffers from posttraumatic stress syndrome that has been managed with outpatient care. The Official Disability Guidelines state, extremely severe cases of combined depression and PTSD may require more sessions if documented that cognitive behavioral therapy is being done and progress is being made. Psychotherapy lasting for longer than a year, or 50 sessions, is more effective than shorter term psychotherapy for patients with complex mental disorders, according to meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. The clinical documentation submitted for review does not provide any evidence that the patient has significantly severe symptoms that put him at risk for injury to himself or others that would require a level of treatment to include intensive outpatient therapy from a psychiatry hospital. The clinical documentation does not provide any evidence that lower levels of treatment cannot provide adequate treatment for this patient. As such, the requested day treatment/partial hospitalization for 30 days for 4 weeks is not medically necessary or appropriate.