

Case Number:	CM13-0031457		
Date Assigned:	12/04/2013	Date of Injury:	09/18/2012
Decision Date:	01/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Psychiatry 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:

63-year-old psychiatric technician who alleges psychiatric stress injury related to accusations of alleged patient abuse in September 2012. I am familiar with this case having reviewed and recommended partial certification for 6 additional psychotherapy sessions on behalf of [REDACTED] on 6/4/13. At that time, the patient was psychiatrically permanent and stationary as per the psychiatric AME and she had already participated in 14 sessions of psychotherapy without evidence of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supportive psychotherapy 1 times 2 weeks for 1 year, QTY: 26: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

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, Section on PTSD psychotherapy interventions.

Decision rationale: The ODG Psychotherapy Guidelines recommend the following: Initial trial of 6 visits over 3-6 weeks; with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). 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. 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. This patient has been diagnosed with PTSD in the records provided. Opinions have been mixed about whether this patient has benefitted from psychotherapy. On 09/16/13 [REDACTED] Narrative Report;" [REDACTED] was diagnosed by [REDACTED] as suffering with, Major Depression, recurrent severe. PTSD, chronic. Cognitive Disorder, NOS. He attributes the cause of this disorder to cumulative work trauma. He determines she will need treatment lifelong in order to keep her symptoms from more severe. She responds well to supportive psychotherapy." Based upon the narrative report by [REDACTED], [REDACTED] and by the guidelines cited above, the patient is benefitting from treatment and is receiving recommended treatment within guidelines for quantity and duration given the PTSD diagnosis.