

Case Number:	CM13-0033264		
Date Assigned:	12/06/2013	Date of Injury:	08/11/2011
Decision Date:	04/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 [REDACTED] with a date of injury of 8/11/11. The claimant sustained an injury to her psyche, when she witnessed a man come into a store and proceed to use two large knives to cut both of his arms and his neck, requiring the SWAT team to arrive at the scene. The man was shot and killed with the claimant was approximately 10-12 feet from the scene. The claimant sustained this injury while working as a wine and spirit representative. In his "Agreed Medical Re-Examination in Psychology" report dated 1/3/13, [REDACTED] diagnosed the claimant with: (1) Post-traumatic stress disorder, with depression, moderate in severity; (2) Psychological factors affecting a general medical condition; and (3) Longstanding and pre-existing anxiety disorder, NOS. In his progress note dated 11/18/13, [REDACTED] diagnosed the claimant with Major depressive disorder and Post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) ADDITIONAL PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental and Stress.

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

Decision rationale: The Official Disability Guidelines indicate that cognitive therapy for post-traumatic stress disorder (PTSD) is recommended. The guidelines also indicate that there is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Based on the review of the medical records, the claimant has been receiving psychological services since her injury in 2011 through 2013. She has received individual therapy, which has included cognitive behavioral therapy (CBT), relaxation skills training, and eye movement desensitization and reprocessing (EMDR). She has additionally received medication management services. The total number of service sessions to date is unknown from the records submitted for review. She also participated in the PHP at [REDACTED] in August 2013 for a total of two (2) days a week for three (3) weeks. Although the request being reviewed is not specific, it is for an additional ten (10) days of PHP. Despite this request, there are no records offered for review from [REDACTED]. Therefore, the claimant's progress and improvement within the program cannot be determined. Due to insufficient information from the PHP at [REDACTED], the request for "Additional psych sessions x 10" cannot be substantiated and therefore, is not medically necessary.