MAXIMUS Federal Services

Case Number:	CM13-0035672		
Date Assigned:	12/13/2013	Date of Injury:	11/20/2012
Decision Date:	02/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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:

This case involves a 62 year old apartment manager who was injured by assault on 11-20-12. The patient was punched and stomped on repeatedly and became unconscious. He was previously treated for depression. He suffered extreme damage to his mandible, part of which is healing poorly. The patient was brutally assaulted. The records provided indicate that the patient had PTSD. At issue is twelve psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4610(3)(A) Utilization Review Standards of the California Division of Worker's Compensation, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Adv

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 patient in this case had significant PTSD symptomatology that was well documented throughout the record. The patient had psychotherapy in November 2013. There was no evidence about how effective the psychotherapy was. There is no evidence of a trial of psychotherapy. The guidelines below indicate that patients with PTSD need a longer trial, 6 instead of 4 trial sessions. However, this request is for twelve sessions, or twice the recommended maximum per ODG guidelines for PTSD patients. Because there is no evidence of an initial trial, the guidelines indicate that a request for 12 sessions is not medically necessary.