

Case Number:	CM13-0037439		
Date Assigned:	12/13/2013	Date of Injury:	07/12/2003
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 a licensed Psychologist 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 46 year-old male [REDACTED] with a date of injury of 7/12/03. The mechanism of injury is not noted in the records, but it did occur while the claimant was employed by [REDACTED]. According to the records, the claimant sustained injury to his psyche and is diagnosed by [REDACTED] with: (1) Post-traumatic Stress Disorder (PTSD); (2) Panic Disorder without Agoraphobia; and (3) Major Depressive Disorder, Single Episode, Mild. Additionally, the claimant's medical diagnoses include: (1) Lumbar strain with radiculopathy; and (2) Other problems unrelated to the current evaluation. The claimant's psychiatric diagnoses are the most relevant for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions x 48 (twice a week or 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The Official Disability Guidelines will be used as reference for this case as the CA MTUS does not address the use of psychological interventions for the treatment of PTSD. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed." It further states that "extremely severe cases of combined depression and PTSD may require more sessions if documented that cognitive behavioral therapy (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." Based on the review of the medical records, it appears that the claimant has been receiving psychotherapy services intermittently since sometime in 2012. The total number of completed sessions is unknown. The records provided by [REDACTED] do not provide enough information about progress or "objective functional improvement" nor the number of completed sessions to date. Without this information, the need for further services cannot be determined. Additionally, the request for "psychotherapy sessions x 48 (twice a week for 6 months)" appears excessive. As a result, the request for "psychotherapy sessions x 48 (twice a week for 6 months)" is not medically necessary.