

Case Number:	CM13-0037766		
Date Assigned:	12/18/2013	Date of Injury:	11/05/2010
Decision Date:	03/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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 claimant is a 59 year-old female [REDACTED] with a date of injury of 11/5/10. The claimant sustained injuries to her face, chest, elbows, lower back, wrist, ankles, neck and psyche when she was the victim of a home invasion in which she was held down with in a gun to her mouth while employed for [REDACTED]. The claimant has been diagnosed by both of her treating physicians, [REDACTED] with Post-traumatic Stress Disorder, chronic. She has been treated for her psychological symptoms with psychotherapy and EMDR. The claimant also has symptoms of chronic pain in her back and was diagnosed by [REDACTED] on 2/28/13 with cervicgia and lumbago. The claimant has received medical treatments including the use of a TENS unit, acupuncture, physical therapy, and medications. It is the claimant's psychiatric diagnosis of PTSD that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times a week for three months (24 visits), 9/5/13-12/31/13: 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-TWC) Mental Illness and Stress Chapter.

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: Based on the review of the medical records, it appears that the claimant has received several psychological services since her injury in 2010. It appears that the claimant had done well in psychotherapy following the injury, but required additional services in 2012 when she experienced an exacerbation in symptoms following the unexpected death of her mother. It was noted in ██████████ progress note dated 2/28/13, that the claimant had received 29 sessions between Sept. 2012 - Jan. 2013. Those services included cognitive-behavioral psychotherapy and EMDR to reduce and diminish the claimant's PTSD symptoms. At that time, ██████████ recommended another 4 months of treatment, which were eventually authorized. The total number of completed sessions during this treatment period prior to this request is not clear. The ODG indicates that for the treatment of PTSD, 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 possible. It further states that "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." The claimant has improved with psychotherapy and is working towards readmission into the work force. She has already received several psychotherapy and EMDR sessions since her mother's death in 2012. Although she continues to experience symptoms, the request for an additional 24 sessions over 3 months appears excessive and does not provide opportunity to taper services as she learns to reintegrate back into the work force. As a result, the request for "psychotherapy 2 times a week for three months (24 visits), 9/5/13-12/31/13" is not medically necessary.