

Case Number:	CM13-0038024		
Date Assigned:	12/18/2013	Date of Injury:	07/24/2012
Decision Date:	04/04/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records provided for this review, this patient reported an occupational injury on July 24 2012, when she was robbed at gunpoint while working for [REDACTED]. She reports feeling sad and depressed most of the time and has a sense of not wanting to engage in normal pleasurable activities that she used to enjoy. She is having sleep difficulties and reoccurring thoughts of the assault and robbery, during which she felt she would be killed. She has been diagnosed with Post-traumatic Stress Disorder, and depressed mood not otherwise specified. A request for six (6) additional psychotherapy sessions was non-certified, and this independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress Chapter, Topic: psychotherapy

Decision rationale: In a progress note, the patient's treating doctor stated that she is less socially isolated, expresses some increased hope and self-worth, with decreased nightmares of the robbery, and better engagement in doing pleasurable activities. However, the patient still has significant symptoms, and requires additional treatment sessions. While it is unclear how many sessions she has had to date, based on the records provided, it appears that the patient has only had five (5) sessions. The patient showed significant functional improvement, and these improvements have been properly documented. The Official Disability Guidelines recommend up to twenty (20) sessions of psychotherapy for the treatment of depression with post-traumatic stress disorder (PTSD), if there is sufficient documentation clearly showing functional improvement. The decision of this independent medical review (IMR) is that the request for six (6) additional sessions should be certified, and the original non-certification should be overturned. This request appears to be both medically necessary and conforming with the treatment guidelines based on the well-documented progress notes.