

Case Number:	CM13-0042754		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2012
Decision Date:	02/10/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/18/2013

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 45 year-old female (██████████) with a date of injury of 9/25/12. The claimant sustained an injury to her abdomen and back in addition to an injury to her psyche while working as a Senior Psychiatric Technician for ██████████. According to medical records, the claimant was assaulted by an angry patient who kicked her in the left lower abdomen area. ██████████ diagnosed the claimant on 11/26/13 with the following: (1) lumbar strain; (2) right-sided sciatica, etiology unclear, resolved; (3) thoracic sprain, better; (4) diffuse idiopathic spinal hyperostosis (DISH syndrome), non-industrial; and (5) depression, anxiety, Post-traumatic stress disorder (PTSD) per ██████████. In his "Agreed Medical-Legal Evaluation in Psychiatry" dated 8/28/13, ██████████ diagnosed the claimant with: (1) Post-traumatic stress disorder (PTSD) with occasional panic attacks and Major Depressive Disorder, in partial remission. Lastly, in his most recent PR-2 dated 12/16/13, ██████████ diagnosed the claimant with Post-traumatic stress disorder (PTSD), and Chronic Pain Disorder. It is the claimant's psychiatric diagnoses that are 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:

Cognitive Behavior Therapy twice a month for the next four months, total of eight: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Mental Illness and Stress Chapter

Decision rationale: The Official Disability Guidelines regarding the psychological treatment of (PTSD) Post-traumatic stress disorder Will be used as the CA MTUS does not offer any guidelines regarding (PTSD) Post-traumatic stress disorder. Based on the review of the medical records, it appears that the claimant has been receiving psychological services twice a month with [REDACTED] since October 2012. The actual number of services completed to date is unknown as it was not specifically stated in the records. It is also unknown as to why the claimant has only been receiving therapy twice a month as opposed to weekly. In any case, the claimant has likely received at least a total of 26 sessions over a period of one year. The ODG recommends that for the behavioral treatment of (PTSD) Post-traumatic stress disorder , 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) Post-traumatic stress disorder 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." Although the request for additional sessions appears to be within the recommended total number of session guidelines, the duration for which the sessions will be completed does not. The guidelines specifically indicate that a year of services is more beneficial than shorter treatment times; however, the claimant is beginning her second year of services. Since the request does not abide by the cited guidelines, the request for "Cognitive Behavior Therapy twice a month for the next four months, is not medically necessary.