

Case Number:	CM13-0043482		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2006
Decision Date:	04/18/2014	UR Denial Date:	10/18/2013
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 Family Practice and is licensed to practice in Texas. 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 patient is a 63-year-old female who reported an injury on 11/28/2006. The mechanism of injury was noted to be an assault. The patient is diagnosed with posttraumatic stress disorder. The clinical information submitted indicates that the patient has been receiving psychotherapy as well as psychiatric medication visits to follow-up her prescription of Effexor 75 mg daily. Her 09/24/2013 psychiatric follow-up indicated that the patient would continue psychotherapy every month for 6 months, then titrate down to every 2 months for 6 months, and then terminate. It further states that the patient should continue weekly therapy for 3 to 4 months to assess with her posttraumatic stress disorder symptoms as needed. Her individual progress rating report dated 09/12/2013 indicated that the patient was having more difficulty falling asleep, more headaches, more restlessness, more nightmares, more abdominal discomfort, and more vivid memories of unpleasant experiences, more heart palpitations, more panic attacks and more avoidance of activities. However, she was also noted to have decreased feelings of being easily fatigued, decreased inability to express feelings, decreased tension and anxiety, decreased excessive eating, decreased self-consciousness, decreased excessive jumpiness and a decrease in her significant loss of interest in usual activities. An appeal letter dated 11/12/2013 indicated that the patient continued to report terrible pain, and the physician felt that she would be able to make some gains as well as deficits in her psychotherapy. He further indicated that for patients with posttraumatic stress disorder, there would be gains as well as deficits noted in her therapy depending on her current psychosocial stressors. It was noted that the patient had reported significant improvement with psychotherapy and was nervous about the anniversary of one of the assaults coming up that month.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Illness & Stress, PTSD psychotherapy interventions.

Decision rationale: According to the Official Disability Guidelines, psychotherapy in the treatment of posttraumatic stress disorder is recommended at up to 13 to 20 visits over 7 to 20 weeks. They further state that documentation should show progress being made and, in cases of severe major depression or posttraumatic stress disorder, individual psychotherapy may be recommended for up to 50 sessions if progress is being made. The clinical information submitted for review indicated that the patient has made progress and has had setbacks depending on her psychosocial stressors. However, overall, the patient has expressed a significant amount of improvement in her ability to participate in her activities of daily living and increase her function with her individual psychotherapy treatment. However, despite the documentation of subjective progress, the clinical information failed to indicate the number of sessions that the patient has completed to date. In the absence of this information, a recommendation cannot be made for continued psychotherapy sessions. Therefore, the request is non-certified.