

Case Number:	CM13-0046713		
Date Assigned:	12/27/2013	Date of Injury:	09/29/2011
Decision Date:	02/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 45-year-old male who reported an injury on 09/29/2011 after attempting to rescue a victim from a fire. The patient ultimately developed posttraumatic stress syndrome. The patient was treated with multiple individual psychotherapy sessions and biofeedback sessions. The patient underwent a psychological assessment in 06/2013 that revealed a Beck Anxiety score of 12; Beck Depression Inventory 23. The patient underwent additional testing in 09/2013 that revealed a Beck Anxiety Inventory of 16 and a Beck Depression Inventory of 24. The patient's treatment plan included additional individual psychotherapy and additional biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy 8 sessions with biofeedback times 8 for post-traumatic stress disorder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 24.

Decision rationale: The requested outpatient psychotherapy 8 sessions with biofeedback times 8 for posttraumatic stress disorder is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received psychotherapy and biofeedback for the diagnosis of posttraumatic stress disorder. California Medical Treatment Utilization Schedule does recommend that continuation of psychotherapy and biofeedback be determined by objective functional improvement. The clinical documentation submitted for review does not provide any evidence that the patient has received any objective functional improvement as a result of the therapy received in the past year. Therefore, the need for additional therapy is not established. As such, the requested outpatient psychotherapy 8 sessions with biofeedback times 8 for posttraumatic stress disorder is not medically necessary or appropriate.