

Case Number:	CM13-0048701		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2012
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 physician 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 34 year-old male [REDACTED] with a date of injury of 5/31/12. The claimant sustained multiple bodily injuries when a tape measure that he was holding to measure the distance between scaffolding and power lines accidentally hit the power lines, electrocuting the claimant and causing 2nd degree burns. He sustained this injury while employed for [REDACTED]. As a result of his work related injury, the claimant also sustained injury to his psyche. In his "Report of Psychological Consult" dated 5/1/13, [REDACTED] diagnosed the claimant with Posttraumatic Stress Disorder. In the "Agreed Medical Examination" conducted by [REDACTED] and reported on 8/21/13, the claimant was diagnosed with PTSD and Major Depression, single episode evolving into partial remission. It is the claimant's psychiatric diagnoses that are 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 Behavioral Therapy Sessions QTY 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Code of Regulations, Chapter 4.5, Department of Workers' Compensation (DWC), Subchapter 1. Administrative Director-Administrator Rules and Chronic Pain Medical Treatment Guidelines.

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, Cognitive therapy for Post-traumatic stress disorder (PTSD).

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guidelines regarding the behavioral treatment of PTSD will be used as reference for this case. Based on the review of the medical reports, the claimant has been receiving psychotherapy services from [REDACTED] since his initial consult dated 5/1/13. It appears that the claimant has made some progress from the sessions he has completed however, he remains symptomatic and in need of further sessions. The ODG recommends 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 meets criteria for a complex case that involves not only PTSD, but depression and pain as well. Therefore, longer-term therapy is appropriate as long as it is documented that cognitive-behavioral therapy is being conducted and progress is being made. [REDACTED] was able to demonstrate some progress from the CBT psychotherapy sessions however, the request for an additional 20 sessions appears excessive as it does not provide an opportunity for reassessment and reevaluation within a timely manner. As a result, the request for "cognitive behavioral therapy sessions QTY 20" is not medically necessary. It is suggested that future requests take into consideration the cited guidelines when requesting additional services. It is noted that the claimant did receive a modified authorization for 8 sessions from this request.