

Case Number:	CM13-0049131		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2010
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is a Psychologist 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 62-year-old female who reported injury on 09/23/2010. The mechanism of injury was stated to be the patient was injured in the course of transporting a full box of patient files from the office to the patient's car. The patient was noted to have received 12 sessions of cognitive behavior therapy. The patient's diagnoses were noted to include post-traumatic stress disorder. The request was made for an additional 6 cognitive behavioral therapy visits to 8 cognitive behavioral therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6-8 cognitive behavioral therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive therapy for PTSD

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive therapy for PTSD

Decision rationale: California MTUS Guidelines indicate that cognitive behavior therapy is supported for a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks. However, as the

patient was noted to have PTSD, additional guidelines were sought, as California MTUS is not specific to post-traumatic stress disorder. Official Disability Guidelines indicate that post-traumatic stress disorder can be treated with cognitive behavioral therapy with symptom improvement for a total of up to 13 visits to 20 visits over 7 weeks to 20 weeks. However, there was a lack of documentation indicating the patient had symptom improvement. Given the above, the request for Additional 6-8 cognitive behavioral therapy visits is not medically necessary.