

Case Number:	CM13-0049620		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2004
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 Psychologist 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 47 year-old male [REDACTED] with a date of injury of 1/30/04. The claimant sustained injuries to his face including a fracture of the left orbital, subconjunctival hemorrhage and traumatic iritis when he was struck in the face by a patient while working for [REDACTED] [REDACTED]. He also sustained injury to his psyche and has been receiving psychological treatment over the years. In all of their PR-2 reports from 1/31/13-9/18/13, [REDACTED] and therapist, [REDACTED], [REDACTED] have diagnosed the claimant with: (1) PTSD; (2) Insomnia-Type Sleep Disorder Due to Pain; (3) Male Hypoactive Sexual Desire Disorder Due to Pain; and (4) Psychological Factors Affecting Medical Condition. Additionally, [REDACTED] and [REDACTED] have included a diagnosis of panic disorder on the psychiatric PR-2 reports. It is the claimant's psychiatric conditions 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:

Individual psychotherapy (10 visits): Upheld

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

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

Decision rationale: The CA MTUS does not offer guidelines for the treatment of PTSD, therefore, the Official Disability Guidelines will be used as reference for this case. According to the reports offered for review, the claimant has received psychotherapy for several years. The medical records included for review only involve services provided during 2013. Nevertheless, the claimant has received several psychotherapy services since January of 2013, the total number of sessions cannot be determined by the PR-2 reports. The PR-2 reports included for review provide only minimal information regarding the claimant's "Objective Findings" with the "Treatment Plan" remaining the same each month. According to the ODG, it is recommended 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 needed. Additionally, the guidelines state 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." In this case, the claimant does not have an official diagnosis of depression, but the psychological evaluation speaks to these symptoms. As a result, the claimant's case can be considered more complex as described in the above referenced guidelines with the need for a longer duration of services. Unfortunately, there are no psychotherapy progress notes offered for review that can demonstrate that "CBT is being done and progress is being made." The supplied PR-2 reports fail to provide the necessary information as recommended by the ODG. Since the total number of sessions is unknown and there is not enough medical information regarding the services being completed and the outcome of those services, the request for "individual psychotherapy (10 visits)" is not medically necessary.