

Case Number:	CM13-0051066		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2009
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 45-year-old female who reported an injury on 12/16/2009. The mechanism of injury was stress. She is diagnosed with post-traumatic stress disorder and depression. 12 psychotherapy notes from previous visits were provided for review. The earliest note dated 01/23/2012 indicated that the patient had been able to return to work using the stress management skills she had learned with the behavioral therapy. She was also shown in the notes to have been able to increase her activity and regain her social function. She was utilizing stress management techniques including deep breathing. Her 06/18/2012 note indicated that she was showing no signs of depression and only a few residual PTSD symptoms of avoidance. A 07/30/2012 note indicated that the patient had met her therapeutic goal of managing emotional reactivity to PTSD triggers and her revised goal was to solidify her progress and decrease the frequency of sessions. An 11/12/2012 note indicated that the patient's severe claustrophobia was being addressed. A 05/20/2013 note indicated that the patient had made excellent adjustment in her return to work and the need for ongoing therapy was discussed. It was noted that she had graduated from the need for the frequent sessions; however, she wanted the reassurance of emotional support in case she encountered a PTSD stressor that could cause a reaction that she was unable to manage on her own. Therefore, a plan was made to see her at quarterly intervals to monitor her status. The most recent note provided dated 08/19/2013 indicated that the patient showed no signs of depression and she had been conquering her claustrophobia, and demonstrated only mild anxiety about handling the challenges of a new job.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X 4 SESSIONS OVER 6-9 MONTHS QUANTITY: 4.0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Web, Mental Illness & Stress PTSD Psychotherapy Interventions, ODG Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive therapy for PTSD.

Decision rationale: According to ACOEM Guidelines, frequency of follow-up visits may be determined by the level of severity of the patient's symptoms and whether the patient is missing work. Follow-up visits are noted to allow the physician and patient to reassess all aspects of the stress model including symptoms, demands, coping mechanisms, and other resources, and to reinforce the patient's supports and positive coping mechanisms. More specifically, the Official Disability Guidelines state that cognitive therapy for post-traumatic stress disorder may be recommended up to 13 to 20 visits over 7 to 20 weeks with evidence of progress. For more severe major depression or post-traumatic stress disorder, the Guidelines indicate that psychotherapy may be recommended for up to 50 sessions with evidence of progress. The clinical information submitted for review indicates that the patient has previously been treated with at least 12 individual psychotherapy visits, with the frequency being decreased as the patient progressed. In her most recent follow-up notes, it was indicated that the patient wished to continue treatment only for reassurance, supportive counseling, and active listening, and in case she encountered a PTSD trigger that she was unable to handle on her own. As such, therapy was to be continued on a quarterly basis every 12 weeks. As the patient was shown to have made progress with her initial psychotherapy visits and the Guidelines indicate that 13 to 20 visits are recommended with evidence of progress, continued therapy sessions are supported. However, as the patient was shown to have made significant progress and only had mild symptoms remaining and was recommended for visits every 12 weeks, it is unclear why the patient would require 4 sessions over 6 to 9 months. In the absence of further information regarding a possible trigger or recurrence of her symptoms to warrant more frequent visits, psychotherapy more than every 12 weeks is not supported. As such, the request for Psychotherapy x 4 Sessions over 6-9 Months QTY: 4.0 is non-certified.