

Case Number:	CM13-0055204		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2006
Decision Date:	05/22/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 51-year-old male [REDACTED], with a date of injury of 11/28/06. The claimant sustained an injury to his psyche when he was the victim of a robbery at gunpoint while working as a mailer/shipping clerk for [REDACTED]. In her PR-2 (progress report), dated 10/10/13, [REDACTED] diagnosed the claimant with Post-Traumatic stress disorder and Major depressive disorder, with suicidal ideation, with psychotic features.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR INDIVIDUAL PSYCHOTHERAPY ONCE A WEEK FOR TEN (10) WEEKS (DATE OF SERVICE: 08/27/13-10/1013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS DISORDER, ONLINE EDITION

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 PTSD.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychotherapy services for quite some time; however, the total number of sessions completed to

date is unknown. The most recent medical report is a progress report (PR-2) dated 10/10/13. In that report, there is no mention of the number of completed sessions, and for objective findings it is noted that the claimant "appears fatigued and frustrated. However, his efforts in maintaining a healthier mood are improving...CBT coping and pain management skills were discussed". Without more information regarding previous treatment interventions and the progress of treatment, the need for additional services cannot be fully determined. The Official Disability Guidelines indicate that extremely severe cases of combined depression and post-traumatic stress disorder (PTSD) may require more sessions if documented that cognitive behavioral therapy (CBT) is being done and progress is being made. The Guidelines also indicate that psychotherapy lasting for at least a year, or fifty (50) sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of twenty-three (23) trials. Due to insufficient information, the request is not medically necessary.