

Case Number:	CM13-0055248		
Date Assigned:	03/03/2014	Date of Injury:	11/28/2006
Decision Date:	05/23/2014	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 Board Certified 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 (██████████) with a date of injury of 11/28/06. The claimant sustained injury to his psyche when he was the victim of a robbery by gunpoint while working as a packer for ██████████. In her 10/10/13 PR-2, ██████████ diagnosed the claimant with Posttraumatic 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:

COGNITIVE BEHAVIORAL THERAPY 3XWK X 12WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: Based on the review of the medical records, the claimant has received psychotherapy in the past, yet the total number of previous sessions is unknown. It is also unclear as to the claimant's progress and improvements from the previous services. The Official Disability Guidelines (ODG) recommends that for the treatment of complex PTSD with

depression "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." It also notes 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." Without having enough information about all of the previous services, the need for further services cannot be fully determined. In addition, the request for CBT 3X/week for 12 weeks for a total of 36 sessions, appears excessive as it does not offer a reasonable period of time for reassessment. As a result, the request is not medically necessary.