

Case Number:	CM13-0069894		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2011
Decision Date:	04/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in New York. 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 physician 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 59-year-old woman with date of injury of 6/30/2011: while performing her usual and customary duties as a waitress at a [REDACTED] she was robbed at gunpoint. She subsequently developed avoidance behavior, anxiety and re-experiencing symptoms sleep disruption and has been diagnosed with Post-traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). From 7/28/11 through 9/15/11 she had 7 therapy sessions to which she was "responding well." Psychiatric note on 12/13/2011 described her as doing less well in the context of her psychiatric medication coverage having been denied. On 3/29/2012 her chart note that she had at that point attended 31 psychotherapy sessions and in this context she was now able to go "travelling outside of home" with "decreased level of agitation" and that she was at that stage "more receptive to CBT skills/tools." On 6/17/2012 the psychologist noted that she was again more symptomatic in context of having difficulty getting her medication covered and the psychiatrist's note from the next day 6/18/2012 notes that cbt has helped her a "great deal." On 8/20/2012 there is mention of her symptoms having lead to marital difficulties and likely divorce. The psychiatrist's note on 3/27/2013 remarks that psychotherapy has made a "big impact" on the patient!. Again on 7/30/2013 it is noted that she is doing poorly in context of medication coverage having been denied. A note on 11/20/2013 notes that she is "totally disabled from gainful employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 Cognitive Behavioral Therapy, Psychotherapy Treatment Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 Post-traumatic Stress Disorder (PTSD).

Decision rationale: Official Disability Guidelines (ODG) states that "cognitive behavioral therapy for depression is recommended based on meta-analysis that compare its use to pharmaceuticals. An initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks of individual sessions" and that in "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." This patient has had likely considerably more than 50 psychotherapy sessions and there has been some improvement in symptoms though minimal functional improvement as she remains totally disabled. Given that this patient has likely reached maximal medical improvement, further sessions of CBT cannot be recommended and are not medically necessary.