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| Case Number: | CM13-0071167 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 11/20/2012 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 28 year-old male [REDACTED] with a date of injury of 11/20/12. The claimant sustained injury to his psyche when the bus he was driving was hit by a motorcycle, resulting in the motorcyclist's death. The claimant also sustained minor cuts from glass from the motor vehicle accident. This work-related incident occurred while the claimant was working as a bus driver for the [REDACTED]. According to the claimant's treating therapist, [REDACTED], the claimant was diagnosed with Acute stress disorder and Depressive disorder NOS, which was later updated in June 2013 to PTSD and Depressive disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Psychotherapy 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

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS does not address the treatment of Posttraumatic stress disorder nor depression therefore; the Official Disability

Guideline regarding the cognitive behavioral treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving consistent psychotherapy services for over one year totaling more than 78 sessions. Throughout the year, he has been able to demonstrate progress and improvement from the psychotherapy, which has allowed him continued services. The ODG 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. 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." Based on [REDACTED] last report, the claimant has begun to reintegrate himself back into the workforce with certain restrictions. The claimant is definitely in need of continued services to maintain stability and manage crises as he transitions back into the work force. However, the request for an additional 20 sessions appears excessive and does not allow for a reasonable time period for which reassessment can be conducted. As a result, the prospective request for "20 psychotherapy sessions between 12/2/13 and 1/31/14" is not medically necessary. It is noted that the claimant did receive an authorization for a modified 10 sessions from this request.