

Case Number:	CM14-0002419		
Date Assigned:	01/24/2014	Date of Injury:	02/04/2013
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 34 year-old male with a date of injury of 2/4/13. The claimant sustained multiple injuries including fractures to the right femur and right tibia as well as a left ankle fracture when his legs were crushed in an industrial cardboard compactor. In addition to the work-related physical injuries, the claimant sustained injury to his psyche. In a psychiatric evaluation conducted by [REDACTED] on 7/5/13, the claimant was diagnosed with: (1) Posttraumatic stress disorder, Panic disorder, and Pain disorder associated with both psychological and chronic medical condition. Additionally, treating psychologist, [REDACTED] has diagnosed the claimant with PTSD, chronic and Panic disorder without agoraphobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral trauma-focused psychotherapy (10 sessions): 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), Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Cognitive Therapy for PTSD.

Decision rationale: The CA MTUS does not address the treatment of PTSD 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 psychological services with [REDACTED] since her initial consultation/evaluation on 5/10/13 and has completed a total of 13 sessions. He has also been receiving medication management services with [REDACTED] since July 2013. In her 12/8/13 Summary of Progress and Request for Additional Treatment report, [REDACTED] provided relevant and pertinent information to substantiate the request for additional psychotherapy sessions. However, the ODG indicates that for the treatment of PTSD an initial trial of 6 visits over 6 week and with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Although the claimant is in need of additional sessions, the request for an additional 10 sessions exceeds the total number of sessions set forth by the ODG. As a result, the request for cognitive behavioral trauma focused psychotherapy, once every week for ten sessions is not medically necessary.