

Case Number:	CM14-0102295		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2012
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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:

According to the records were provided for this independent medical review, this patient is a 26-year-old male reported an industrial/occupational injury on November 20, 2012 during the course of his normal and customary employment as a bus driver for the city of Santa Monica. The nature of his injury was not reported in the materials that I received for this independent review however it appears to be related to an accident that involves a motorcycle otherwise the incident remains unclear. Psychologically, he has been diagnosed with: Depressive Disorder Not Otherwise Specified; Post-Traumatic Stress Disorder; and Acute Stress Disorder. He has been engaged in cognitive behavioral therapy and prolonged exposure therapy with the number of sessions unspecified. His primary treating psychologist reports that the patient has been making improvements with treatment and that he is considerably less anxious while driving in traffic or when seeing or hearing a motorcycle and is feeling more comfortable with driving and being a bus driver. There are also diminished panic symptoms and although he continues to think about the accident daily thoughts have faded. His anxiety score was seven out of 10 when the training started but now has been reduced to 3 to 4 out of 10 flashbacks are also continuing to decrease and he is able to better maintain and contain his anxiety and using breathing techniques and cognitive behavioral interventions to self soothe. The patient has had 95 sessions of psychotherapy since the accident which appeared to have helped them to be able to return to work. A request was made for an additional 15 sessions of individual psychotherapy, the request was not approved however a modification was offered by utilization review to allow for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen (15) Individual Psychotherapy Sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Cognitive Behavioral Therapy for the Treatment of PTSD, Psychotherapy Guidelines, June 2014.

Decision rationale: The records reflect that the patient is already had approximately 95 sessions of individual psychotherapy. The records reflect that the patient has been able to return to work and has been demonstrating objective functional improvement. However, the patient has exceeded the maximum number of sessions advised by the official disability treatment guidelines that state that patients should have a maximum of 13-20 sessions, if progress is being made. Further notes that in cases of very severe PTSD and major depression additional sessions up to 50 maximum can be recommended. At this point the patient has had nearly double the maximum recommended course of treatment. It appears he's making good progress has been able to return to work. As such, the request is not medically necessary.