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| Case Number: | CM14-0010951 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 09/25/2012 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Psychiatry 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 patient is a 24 year old male with date of injury 09/25/2012. The mechanism of injury occurred when he was made to kneel as a victim of robbery. He suffered left knee injury and psychological symptoms secondary to the incident. QME exam was done by Psychologist on 08/01/2013, according to which based on the symptoms he was diagnosed with Post Traumatic Stress Disorder, chronic. GAF score was 67 on that day, demonstrating mild symptoms. He is on no psychotropic medications per that report. The report from 11/13/2012 indicated that he has received 5 sessions with psychologist. Letter by Psychologist dated 03/31/2013 indicates that 9 sessions of psychotherapy have been provided under CPT code 90844. Report from Psychiatrist dated 02/10/2014, indicates that injured worker has reached maximum medical improvement and should be precluded from working at the store.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING TREATMENT WITH PSYCHOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, BEHAVIORAL INTERVENTIONS, 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The request does not specify the number of sessions requested with the psychologist, the goals of treatment or availability of any evidence of improvement in symptoms with the past sessions. Based on the available, the request for ongoing treatment with Psychologist is not medically necessary at this time.

ON GOING TREATMENT WITH PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

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, Office visits Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " The request does not specify number of sessions requested with the Psychiatrist, the goals and rationale for ongoing treatment etc. Based on the available information, the request for ongoing treatment with Psychiatrist is not medically necessary at this time.