

Case Number:	CM14-0014959		
Date Assigned:	02/28/2014	Date of Injury:	11/29/2013
Decision Date:	06/27/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 claimant is a 22 year-old female (██████████) with a date of injury of 11/29/13. The claimant sustained injury to her upper back, left wrist, and psyche when she was tied up at gunpoint and robbed while working as a security guard for ██████████. In the "Initial Psychological Evaluation Report" from ██████████ dated 2/10/14 and in the most recent PR-2 report from LMFT, ██████████, dated 3/18/14, the claimant is diagnosed with Anxiety disorder NOS with Posttraumatic disorder symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1 X 12 FOR ANXIETY/TRAUMATIC STRESS: Upheld

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

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 PTSD

Decision rationale: The CA MTUS does not address the treatment of Anxiety disorder nor 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 completed an "Initial Psychological Evaluation Report" from [REDACTED] with [REDACTED] [REDACTED] in February 2014 and was referred to LMFT, [REDACTED]. The request under review is for initial psychotherapy sessions. The ODG recommends that for the treatment of PTSD, there is to be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)' may be necessary. Based on this guideline, the request for 12 psychotherapy sessions exceeds the initial number of sessions recommended. As a result, the request for psychotherapy 1 x 12 for anxiety/traumatic stress is not medically necessary.