MAXIMUS Federal Services

Case Number:	CM14-0017960		
Date Assigned:	04/16/2014	Date of Injury:	05/04/2009
Decision Date:	06/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 injured worker is a 44 y/o female with date of injury 5/4/09. The date of UR decision was 1/27/14. The worker was injured in an industrial-related incident. Per the Comprehensive Initial Psychodiagnostic Evaluation Report dated 11/22/13, she was diagnosed with Post-Traumatic Stress Disorder, Chronic; Cognitive Disorder Not Otherwise Specified; and Primary Insomnia due to PTSD. From the Appointed Qualified Medical Evaluator Report dated 9/14/12, her subjective complaints include suffering from PTSD, experiencing nightmares and flashbacks, feeling angry, depressed, and anxious. She states that emotional condition has gotten 50 percent worse since injury (vision impairment, severe) and feeling embarrassed and self conscious about scars on face. Medical complaints include suffering from headaches that can be rated as an eight on the pain scale at a frequency of two times per week. No mention of Psychotropic Medications prescribed in progress notes. Comprehensive Psychiatric Evaluation Report review of records dated 2/16/12 states that she had weekly appointments with therapist for several months and had ended after "no more than 30 sessions." Treatment Recommendations made on Comprehensive Initial Psychodiagnostic Evaluation dated 12/10/13 include Individual psychotherapy with a CBT emphasis to address PTSD symptomatology with a set of twice weekly sessions, for 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY 2 PER WEEK FOR POST-TRAUMATIC STRESS DISORDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker has had at least 24 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The request for 40 more sessions of individual psychotherapy (2 per week) for Post-traumatic stress disorder is excessive and medically necessity cannot be affirmed.