

Case Number:	CM14-0119477		
Date Assigned:	08/06/2014	Date of Injury:	09/13/2007
Decision Date:	12/31/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 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 56 year-old male with a date of injury of 9/13/07 who sustained an injury while working. The mechanism of injury was not found within the minimal medical records submitted for review. In the treating physician's PR-2 report dated 5/31/14, the doctor diagnosed the injured worker with: Post-traumatic stress disorder, chronic; insomnia-type sleep disorder due to pain; male hypoactive sexual desire disorder due to pain; psychological factors affecting medical condition; and major depressive disorder, single episode, moderate. The request under review is for 9 retrospective psychotherapy sessions between June 2013 and December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 9 Sessions of Individual Psychotherapy, DOS: 6/4/13, 6/11/13, 8/13/13, 8/29/13, 9/5/13, 9/26/13, 12/05/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

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; Psychotherapy Guidelines.

Decision rationale: The CA MUS does not address the treatment of post-traumatic stress syndrome (PTSD); therefore, the Official Disability Guideline (ODG) regarding the cognitive treatment of PTSD will be used as reference for this review. Based on the review of the medical records, the injured worker has continued to experience symptoms of PTSD as well as depression since his work-related injury and been participating in psychotherapy. The treating physician's PR-2 reports dating back to June 2013; however, the reports do not offer enough information regarding the injured worker's prior history of receiving psychological services, nor the progress/improvements gleaned from those prior sessions. Without having this information, the need to have completed the retrospect sessions cannot be fully determined. As a result, the request for "Retrospective Request for 9 Sessions of Individual Psychotherapy, DOS: 6/4/13, 6/11/13, 8/13/13, 8/29/13, 9/5/13, 9/26/13, 12/05/13" is not medically necessary.