

Case Number:	CM14-0152526		
Date Assigned:	09/22/2014	Date of Injury:	02/22/2011
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in Texas. 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 medical report indicates the worker was assaulted at work on 02/22/2011. She was released back to work 4 days after the assault. During her visit with her provider on 08/29/14 she reported she was apprehensive of her work as she usually works alone caring for 13 patients at night, some of whom are aggressive. She was noted to have responded well to the 12 sessions of cognitive behavioral therapy. She has been diagnosed of Post-Traumatic Stress Disorder (PTSD). At dispute is the request for Cognitive Behavioral Psychotherapy x 6 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for cognitive behavioral psychotherapy times six sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive therapy for PTSD

Decision rationale: The injured worker sustained a work related injury on 02/22/2011. The medical records provided indicate the diagnosis of Post-Traumatic Stress Disorder (PTSD).

Treatments have included Cognitive Behavioral therapy. The medical records provided for review do indicate a medical necessity for Cognitive Behavioral Psychotherapy x 6 Sessions. Although the MTUS does not have a specific number of sessions of cognitive Behavioral therapy for stress disorders, it recognizes its importance in the treatment of certain forms of stress. The Official Disability Guidelines recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made, and up to 50 sessions for severe Major Depression or PTSD, if progress is being made. Since the injured worker is back to work and is reported to be responding well to the treatment, therefore, the requested treatment is medically necessary and appropriate.