

Case Number:	CM14-0154198		
Date Assigned:	09/23/2014	Date of Injury:	11/20/2012
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 claimant is a 28 year-old male with a date of injury of 11/20/12. The claimant sustained injury to his psyche as the result of hitting a motorcycle, resulting in the motorcyclist's death. The claimant sustained this injury while working as a motor coach operator for the [REDACTED]. In his "Follow-up Psychopharmacology Consultation of High Complexity" dated 4/1/14, [REDACTED] diagnosed the claimant with: (1) PTSD; and (2) MDD. Additionally, in her PR-2 report dated 6/4/14, treating psychologist, [REDACTED], diagnosed the claimant with: Acute Stress Disorder; (2) Depressive disorder, NOS; (3) Posttraumatic stress disorder. The claimant has been receiving psychotherapy to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 once a Week Individual Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

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

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore; the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been participating in psychotherapy services with [REDACTED] intermittently since shortly after his injury. He has been able to demonstrate some progress and improvement, but remains symptomatic. Given the chronic nature of the claimant's diagnosis and recurring symptoms, the claimant is in need of continued services. However, the request for an additional 15 sessions at this time appears slightly excessive as it does not offer a reasonable time for reassessment. It is noted that the claimant received a modified authorization for 10 psychotherapy sessions in response to this request. As a result, the request for "15 once a week individual psychotherapy sessions" is not medically necessary.