

Case Number:	CM14-0172141		
Date Assigned:	10/23/2014	Date of Injury:	05/28/2014
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 claimant is a 58 year-old male [REDACTED] with a date of injury of 5/28/04. The claimant sustained bodily injury as well as injury to his psyche when he was robbed and hit on the head while working for [REDACTED]. In her "Primary Treating Physician's Supplemental Report and Request for Authorization" dated 6/24/14, treating psychologist, [REDACTED], diagnosed the claimant with: (1) Major depressive disorder, moderate; and (2) Post-traumatic stress disorder with panic. The claimant has been participating in psychotherapy services with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness and Stress.

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 nor depression 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

received numerous psychotherapy sessions over the years. It is unclear from [REDACTED]'s records as to how many psychotherapy sessions were completed in 2014. Additionally, the objective functional improvements from the sessions have not been adequately demonstrated. Without sufficient information to substantiate the request for additional sessions, the request for "4 Additional Psychotherapy Sessions" cannot be fully determined and is therefore, not medically necessary.