

Case Number:	CM14-0181525		
Date Assigned:	11/06/2014	Date of Injury:	01/04/2014
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 31 year-old male [REDACTED] with a date of injury of 1/4/14. The claimant sustained injury to his psyche when a man covered in blood hopped onto the bus that the claimant was driving and reached into his waistband for what appeared to be a gun. The claimant sustained this injury while working for [REDACTED]. In his "Psychological Consult Summary" dated 8/29/14, [REDACTED] diagnosed the claimant with Unspecified Anxiety Disorder with Panic Symptoms. Additionally, in his "Doctor's First Report of Occupational Injury or Illness" dated 10/3/14, [REDACTED] diagnosed the claimant with Posttraumatic Stress Disorder. The requests under review are for initial services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions, once weekly for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, Cognitive therapy for PTSD

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 limited medical records, the claimant continues to experience symptoms of anxiety as well as depression. He was evaluated by ██████ in October 2014. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/3/14, ██████ recommended an initial 12 sessions of individual psychotherapy, 12 sessions of group psychotherapy, and 12 hypnotherapy/relaxation sessions. The request under review is based on ██████ recommendation. However, the ODG recommends an "initial trial of 6 visits over 6 weeks. As a result, the request for "Individual psychotherapy sessions, once weekly for twelve weeks" exceeds the ODG recommendation and is therefore, not medically necessary. It is noted that the claimant received a modified authorization for an initial 6 psychotherapy sessions in response to this request.

Group medical psychotherapy, once weekly for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, Group therapy

Decision rationale: The CA MTUS does not address the treatment of PTSD; therefore, the Official Disability Guideline regarding the use of group therapy for the treatment of PTSD will be used as reference for this case. Based on the review of the limited medical records, the claimant continues to experience symptoms of anxiety as well as depression. He was evaluated by ██████ in October 2014. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/3/14, ██████ recommended an initial 12 sessions of individual psychotherapy, 12 sessions of group psychotherapy, and 12 hypnotherapy/relaxation sessions. The request under review is based on ██████ recommendation. Although the group guideline does not indicate a specified number of initial sessions, the guideline regarding the treatment of PTSD indicates an "initial trial of 6 visits over 6 weeks." As a result, the request for "Group medical psychotherapy, once weekly for twelve weeks" exceeds the ODG recommendation and is therefore, not medically necessary. It is noted that the claimant received a modified authorization for an initial 6 group psychotherapy sessions in response to this request.

Hypnotherapy/relaxation training, once weekly for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, Hypnosis

Decision rationale: The CA MTUS does not address the treatment of PTSD; therefore, the Official Disability Guideline regarding the use of group therapy for the treatment of PTSD will be used as reference for this case. Based on the review of the limited medical records, the claimant continues to experience symptoms of anxiety as well as depression. He was evaluated by [REDACTED] in October 2014. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/3/14, [REDACTED] recommended an initial 12 sessions of individual psychotherapy, 12 sessions of group psychotherapy, and 12 hypnotherapy/relaxation sessions. The request under review is based on [REDACTED] recommendation. The guideline regarding the use of hypnotherapy indicates that the sessions are to be "contained within the total number of psychotherapy visits." Considering that the ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of PTSD, that guideline would also apply to hypnotherapy sessions. As a result, the request for "Hypnotherapy/relaxation training, once weekly for twelve weeks" exceeds the ODG recommendation and is therefore, not medically necessary. It is noted that the claimant received a modified authorization for an initial 6 hypnotherapy/relaxation sessions in response to this request.