MAXIMUS Federal Services

Case Number:	CM14-0022137		
Date Assigned:	05/09/2014	Date of Injury:	10/23/2013
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physhology, 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 45 year-old with a date of injury of October 23, 2013. The claimant sustained injury to her psyche when she was robbed by knife point and tied up while working as the night-shift supervisor for [redacted]. According to reports, this is the second robbery that the claimant has been involved in over the past year. In many of the [redacted] psychiatry notes, the claimant is diagnosed with an Acute Stress Disorder. In a "Supplemental Report" dated January 7, 2014, [redacted] diagnosed the claimant with Posttraumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), pages105-127, as well as the Official Disability 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 psychiatric visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychotropic management services from [redacted] psychiatrists, [redacted] and/or [redacted]. The need for further services is difficult to ascertain from the notes offered for review. The request for a follow-up with a psychiatrist is not medically necessary or appropriate.

CONTINUE FOLLOW UP WITH PSYCHOTHERAPIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), pages105-127.

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 (post-traumatic stress disorder) therefore, the Official Disability Guideline regarding the cognitive beahvioral treatment of PTSD will be used as reference for this case. Based on the review of the medical records, it apears that the claimant may have begun an IOP in late November 2013, but quickly withdrew from it. There are also two "Behavioral Health Visit" notes from MFT, [redacted], dated Dececember 31, 2013 and February 4, 2014. It appears that the claimant received individual therapy in both visits. The medical records offered for review are confusing and do not offer enough information regarding the services provided. The ODG specifically indicates that for the treatment of PTSD there should be an "intial trial of 6 visits over six weeks" and "with evidence of objective functional improvement, total of up to thirteen to twenty visits over thirteen to twenty weeks (individual sessions)" may be necessary. Given that this claimant is struggling with PTSD symptoms, she is likely in need of further services. However, without knowing exactly how many sessions have been completed to date and the objective functional improvements from those sessions, the need for further services cannot be fully determined. The request for a continuation follow-up with a psychotherapist is not medically necessary or appropriate.