

Case Number:	CM14-0022984		
Date Assigned:	05/14/2014	Date of Injury:	08/24/2013
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records provided for this independent review, this patient is a 40 year old female who reported an industrial/occupational work-related injury on August 24th 2013. A request for 12 sessions of individual psychotherapy was non-certified with a recommended modification for three sessions of psychotherapy. The record shows a patient who was involved as a victim in an armed robbery at her place of work and again attacked in her home by an intruder who hit her on the head and locked her up in the garage for approximately 8 hours, she was threatened with death as well. The two cases appear to be related although that has not been proven definitively as of the time of the reports submitted for this review. She has been diagnosed with PTSD and Depressive Disorder, not otherwise specified. She has complaints of crying, sleep, hyper-vigilance, dizziness and balance problems, anxiety, and impaired memory/concentration with headache and pain complaints of neck, bilateral upper extremities, and both calves. There is also social withdrawal. A request was made for 12 sessions of individual psychotherapy and it was non-certified with a modification for three sessions. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY X 12 SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (June 2014 update) Mental/stress chapter, Topic: PTSD Psychotherapy, page 45.

Decision rationale: The MTUS guidelines are nonspecific for PTSD psychotherapy treatment, however the ODG psychotherapy guidelines are very specific for the treatment of PTSD. They state that up to 13 to 20 visits over 7 to 20 week period can be offered if progress is being made. The treating provider should evaluate symptom improvement during the process so that treatment non-responders can be identified early and alternative treatment strategies can be pursued, if appropriate. In cases of severe Major Depression or PTSD up to 50 sessions can be offered if progress is being made. There is no requirement in the treatment of PTSD psychotherapy for the initial block of 3-4 sessions as there is for other uses of cognitive behavioral therapy. Therefore the decision is to overturn the non-certification with modification and to allow for the full block of sessions as requested is approved. The provider should provide detailed documentation of progress is being derived from the treatment, if any, as it is occurring; and that if there is no progress being made alternative therapies be considered. Therefore, the request is not medically necessary.