

Case Number:	CM14-0025179		
Date Assigned:	06/11/2014	Date of Injury:	11/29/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 a Licensed Psychologist and is licensed to practice in Texas. 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 injured worker is a 25 year old male who was employed as a pawn broker. His reported injury occurred on 11/29/2011 when he and co-workers were driving to the post office when an unknown assailant began shooting at their car. One of his friends was killed in the incident, and this worker was subsequently diagnosed with PTSD and Major Depressive Disorder. His symptoms included sleeplessness, weight loss, anxiety, poor concentration, hyper-vigilance, awakening with sweating and shortness of breath from his dreams, and worrying that his friends and family were possible targets of further shootings. He had received some psychotherapy and was reported to have benefitted from it. The exact dates and number of sessions is unclear, but the documentation states that it ended when his insurance would no longer pay for the therapy. His medications included Sertraline 200 mg and Prazosin 10 mg. There was a request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY, QUANTITY 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Cognitive Therapy for PTSD.

Decision rationale: The Official Disability Guidelines recommends therapy for PTSD and states that there is evidence that individual trauma-focused CBT is very effective in the treatment of PTSD. The guidelines allow for up to 13-20 visits over 7-20 weeks of individual sessions if progress is being made. In this case, the patient has completed at least 60 sessions of therapy to date. The request for additional sessions exceeds guideline recommendations. In addition, there is a lack of significant objective functional improvement to warrant additional sessions of therapy at this time. As such, this request for psychotherapy, 12 sessions is not medically necessary and appropriate.