MAXIMUS Federal Services

Case Number:	CM14-0033101		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2007
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/15/2014

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 Psychiatry 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 32-year-old female with date of injury 2/23/2007. Date of UR decision was 03/12/2014. Psychologist report dated 02/16/2014 suggests that the injured worker appeared anxious and tearful while talking about the traumatic event/industrial injury. Diagnosis of Panic disorder with agoraphobia, Post Traumatic Stress Disorder (PTSD) were listed in the report. Psychotherapy note from 2/10/2014 suggests that the injured worker presented with complaints of anxiety including excessive worry, restlessness, muscle tension, shortness of breath, dizziness, feeling lightheaded, shaky and sweating. Qualified Medical Examination (QME) report from 12/3/2013 suggests that cognitive behavioral approach and motivational interviewing approaches were used. Documentation suggests that she has received psychotherapy on several occasions i.e. 6/4/2012 until 4/18/2013 from one Psychologist and from another provider from 12/3/2013 until 1/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy weekly QTY:12: 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), Mental and Stress, Cognitive Therapy for PTSD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Cognitive Therapy for PTSD.

Decision rationale: The submitted documentation suggests that injured worker suffers from PTSD and Panic disorder with agoraphobia secondary to emotional trauma secondary to disruptive behavior of a student at work. She had the initial trauma in 2007. Documentation suggests that she received from psychotherapy in 2011 and then consistently received counseling from 6/4/2012 until 4/18/2013 from one Psychologist and then from 12/3/2013 until 1/28/2014 through another provider. The Official Disability Guidelines (ODG) state that cognitive therapy for PTSD is recommended. Number of sessions in cases of severe Major Depression or PTSD is up to 50 sessions if progress is being made." The documentation does not provide information regarding the number of sessions she has received so far, however it is suggested that she has been receiving psychotherapy since 2011. The QME report from 2012 suggested that her condition was labeled as permanent and stationary. The request for another 12 sessions is not medically necessary at this time.