

Case Number:	CM14-0036701		
Date Assigned:	06/25/2014	Date of Injury:	03/02/2009
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 53 year-old male with a date of birth of [REDACTED] with a date of injury of 3/2/09. The claimant sustained injury to his psyche when his co-worker, who was found on the floor without a heartbeat, died after the claimant tried performing CPR. The claimant sustained this injury while working as a [REDACTED] for the [REDACTED]. In the most recent PR-2 report dated 2/7/14, [REDACTED] diagnosed the claimant with Post-traumatic stress disorder, chronic, industrial and Insomnia due to post-traumatic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy- twenty-four (24) sessions: 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 Illness & Stress regarding Cognitive therapy for PTSD, 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.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address treatment of PTSD therefore; the Official Disability Guideline for the cognitive

treatment of Post-Traumatic Stress Disorder (PTSD) will be used as reference in this case. Based on the review of the medical records, the claimant has been receiving fairly consistent psychological services since 2009 and has only been able to demonstrate minimal improvements overall. Although the claimant has been deemed permanent and stationary, the request for an additional 24 sessions appears excessive given the claimant's previous utilization of services and it does not offer a reasonable time for reassessment of treatment plan goals and interventions, etc. As a result, the request for "Psychotherapy- twenty-four (24) sessions" is not medically necessary.