

Case Number:	CM14-0037335		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2011
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 Board Certified in Psychiatry and is licensed to practice 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 patient is a 37-year-old with date of injury July 1, 2011. The date of UR decision was February 25, 2014. Mechanism of injury was robbery at gun point while working as a cashier at work. Report from August 1, 2013 suggests that she had been experiencing insomnia, hyper-vigilance, nightmares, depression, recurrent right shoulder pain and weakness. Becks depression inventory and anxiety scales revealed clinical ranges of depression and anxiety. She was diagnosed with Post Traumatic Stress Disorder. Report from December 10, 2013 suggested that injured worker reported sleep disturbance, nightmares, hyper-vigilance related to the robbery. The objective scales conducted on that day indicated mild levels of depression and extreme levels of anxiety. Progress report from March 26, 2014 suggested that she resumed working and was experiencing some challenge adjusting to the work schedule. Depression and anxiety levels were mild according to the scales conducted on that date. It was indicated that she had been attending weekly psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x per week for 2 weeks, then every other week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Comp.

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 ODG states that cognitive therapy for PTSD (post-traumatic stress disorder) is recommended. Most recent progress report from March 26, 2014 suggested that she resumed working and the depression and anxiety levels were mild according to the scales conducted on that date. The objective scales conducted on December 10, 2013 indicated mild levels of depression and extreme levels of anxiety. The injured worker had been receiving weekly psychotherapy. The ODG Psychotherapy Guidelines states: Up to thirteen to twenty visits over seven to twenty weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to fifty sessions if progress is being made. The psychotherapy has resulted in objective functional improvement as evident by resuming work, decrease in the levels of anxiety on the BAI scale. The request for Psychotherapy, once weekly for two weeks, then every other week for three weeks, is medically necessary and appropriate.