

Case Number:	CM14-0046959		
Date Assigned:	06/20/2014	Date of Injury:	12/24/2008
Decision Date:	07/21/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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:

41 year old female with date of injury 12/24/2008. The date of UR decision was 3/5/2014. She was a victim of robbery at work which resulted in psychological issues; she also experienced a fall due to her shaking which resulting her back hitting against a metal safe. Psychologist report from 8/20/2013 lists numerous subjective complaints including anger, anxiety, alcohol abuse, panic attacks, nightmares, flashbacks, sleep disturbance etc related to the industrial trauma. The objective findings from 8/20/2013 suggested that she appeared angry, anxious, depressed tearful, had impaired concentration, impaired memory. The BDI and BAI scores were 50 and 37 respectively (severe levels of anxiety and depression). Diagnosis of Post Traumatic Stress Disorder, Chronic, Industrial; Major Depressive ds, moderate to severe, single episode; Insomnia and Sleep walking were listed in that report. She is being prescribed Topiramate, Cymbalta, Dextroamphetamine and Buspar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 24 visits 1 weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: Progress report from 8/20/2013 suggested that injured worker fulfills criteria for Post Traumatic Stress Disorder, Chronic, Industrial; Major Depressive ds, moderate to severe, single episode; Insomnia. ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Psychotherapy is recommended per the guidelines. However, the request for 24 visits exceeds the number of visits recommended for an initial trial. Thus, the request is not medically necessary at this time.