

Case Number:	CM14-0049221		
Date Assigned:	06/25/2014	Date of Injury:	12/08/1996
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/25/2014

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 patient is a 37 year old female with date of injury December 8, 1996. The date of the UR decision was March 3, 2014. The mechanism of injury was a robbery/assault at work. Progress Report dated January 31, 2014 listed the subjective complaints as "feelings of paranoia about herself or her children being harmed by an intruder, she has bouts of depression, irritability and sleep disturbances." She is being diagnosed and treated for Post Traumatic Stress Disorder (PTSD), chronic. It is documented that she has been receiving group therapy which "encourages her to examine her fears". Progress Report from April 2, 2014 suggested that the injured worker had been seeing shadows, hearing voices and had been sleeping poorly. Documentation suggests that injured worker has been receiving CBT off and on since 1997 and has also been through biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Weekly Sessions Of Psychotherapy Treatment: 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), Chronic Pain, Cognitive Behavioral Therapy (CBT).

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: A progress Report dated January 31, 2014 suggests that the injured worker has paranoia, sleep disturbance related to the work related assault. She has undergone psychological treatment off and on since 1997. She has undergone CBT, group therapy, biofeedback sessions. The total number of sessions received so far is not available. According to the ODG, Cognitive therapy for PTSD is recommended. It recommends that at each visit the provider should look for evidence of symptom improvement, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. 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." The ODG recommends up to 50 sessions for cases of severe PTSD. The request is not medically necessary.