MAXIMUS Federal Services

Case Number:	CM14-0064661		
Date Assigned:	07/11/2014	Date of Injury:	10/02/2009
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 Licensed in Clinical 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:

Based on the records provided for this independent review, this patient is a year old male who reported an industrial related injury on 10/2/2009. On that date he sustained burns over 45% of his body and subsequently spent five months in the hospital. The injury occurred during the course of his work duties, he was pouring gasoline into welding machine when the machine exploded. He jumped off of the truck that he was standing on just prior to it burning down completely. Patient reports feeling very lucky to be alive. He is been diagnosed with Post Traumatic Stress Disorder (PTSD). A progress note indicates that he is intended for out of six sessions since a prior report written in 2013 and that as a result of those sessions he has moved forth greater acceptance of his post injury self and is considering participation in school with the awareness that he cannot work at his old job again. He is that still very depressed and times angry and is having marital problems related to sexual dysfunction secondary to his injuries. A request for eight (8) sessions of individual psychotherapy was made, and non-certified. This independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy times eight (8): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, psychological treatment, page 101-102 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter, topic psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: The utilization review rationalization for non-certification was stated as insufficient documentation of the total number of sessions completed to date, and that no objective functional improvement with previous psychotherapy was not provided. Documentation provided for this independent review was marginally adequate. I also agree with the utilization review finding that there was no specific mention of how many sessions have been provided to date, this information is important and must be provided if any future requests for treatment after this one are made. I did find documentation that prior sessions have resulted in some improvements in progress for this patient. According to the ODG treatment guidelines patients may have 13 to 20 sessions maximum if progress is being made, and in cases of severe depression or PTSD up to 50 sessions may be offered if medically necessary and progress is being made. This request would be within those guidelines. Therefore, the request for individual psychotherapy times eight (8) is medically necessary.