

Case Number:	CM14-0092789		
Date Assigned:	07/25/2014	Date of Injury:	07/15/2010
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 58 year-old male (██████████) with a date of injury of 7/15/10. The claimant sustained injury when he was assaulted by a client and repeatedly punched in the face while working as a Mental Health Specialist III for ██████████. In her "Visit Note" dated 7/28/14, Nurse Practitioner, Janice Cheung, under the supervision of ██████████, diagnosed the claimant with: (1) Posttraumatic stress disorder; (2) Post-concussion syndrome; (3) Lumbago; and (4) Headache. Additionally, in his "Treating Psychologist's Evaluation and Management Report" dated 7/29/14, ██████████ diagnosed the claimant with: (1) Closed-head injury with brief loss of consciousness; (2) Post-concussive syndrome, resolved; (3) Cognitive disorder secondary to closed-head injury, resolved; (4) Post-traumatic stress disorder, resolving; (5) Sleep disorder, interrupted; (6) Chronic pain syndrome; (7) Prior back injury with spinal cord stimulator implant; (8) Major depressive disorder; and (9) Occupational problem. The claimant has been treating his psychiatric and cognitive symptoms with ██████████ for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions qty: 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy.

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 CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guidelines regarding the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant was evaluated by [REDACTED] in November 2010 and has been participating in psychotherapy sessions since that time. In his 7/29/14 report, [REDACTED] indicated that the claimant was attending his "first of six additional treatment visits approved by [REDACTED], coordinator at [REDACTED]." It is reported that an additional 6 sessions had been approved for the patient, overriding an earlier June 10, 2013 denial for which this review is addressing. Since the denial was already reversed and the claimant has already begun the additional 6 sessions, the request under review is no longer applicable. Additionally, the request for additional "Psychotherapy Sessions Qty: 6" is appropriate in this case and is therefore, medically necessary.