

Case Number:	CM13-0034619		
Date Assigned:	12/11/2013	Date of Injury:	11/01/2011
Decision Date:	12/11/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 43 year-old female with a date of injury of 11/1/11. The claimant sustained injury involving right facial cellulitis (MRSA) while employed. She was diagnosed with refractory right mandibular osteomyelitis and has been treated with various medications and surgery. In addition, the claimant sustained injury to her psyche and is diagnosed with PTSD, Panic disorder without agoraphobia, and Psychological factors affecting medical condition. It is the claimant's psychiatric diagnoses that are most relevant for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Weekly Psychotherapy Treatments x 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC 2013 Mental Illness and Stress, PTSD psychotherapy interventions.

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.

Decision rationale: The CA MTUS does not address the treatment of PTSD, therefore, the Official Disability Guidelines regarding the behavioral treatment of PTSD will be used as reference for this case. According to medical records, the claimant has been receiving psychotherapy services from [REDACTED] since May 2012. The exact number of completed sessions to date is unknown. The ODG recommends that for the treatment of PTSD, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be possible. It further states that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Based on the review of the medical reports, the claimant is experiencing a complex case and has required further sessions. However, she has been receiving psychotherapy since May of 2012. The request for an additional 20 sessions appears excessive given the number of sessions already completed. Additionally, there have been no objective improvements demonstrated on [REDACTED] most recent PR-2 report and there have been no updates to the psychotherapy treatment plan to accommodate for the need of any further services. As a result, the request for "outpatient weekly psychotherapy treatments x 20" is not medically necessary.