

Case Number:	CM14-0176858		
Date Assigned:	10/30/2014	Date of Injury:	09/13/2007
Decision Date:	01/02/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 56 year-old male [REDACTED] with a date of injury of 9/13/07. The claimant sustained injury while working for the [REDACTED]. The mechanism of injury was not found within the minimal medical records submitted for review. In his PR-2 report dated 5/31/14, [REDACTED] diagnosed the claimant with post-traumatic stress disorder, chronic; insomnia-type sleep disorder due to pain; male hypoactive sexual desire disorder due to pain; psychological factors affecting medical condition; and major depressive disorder, single episode, moderate. The request under review is for 20 weekly psychotherapy sessions, including some retrospective dates of service. The request was non-certified by utilization review in October 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy once (1) a week for twenty (20) weeks DOS 06/05/2014, 06/19/2014, 06/26/2014, 6/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation: Mental Illness & Stress Procedure Summary; Psychotherapy Guidelines

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 California MTUS does not address the treatment of Posttraumatic Stress Disorder (PTSD) therefore; the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this review. Based on the review of the medical records, the claimant has continued to experience symptoms of PTSD as well as depression since his work-related injury. It appears that the claimant has been participating in psychotherapy with B [REDACTED], with [REDACTED]. The most recent information offered for review is dated July 2014 and reports that the claimant "was on vacation much of the month and did a little better." There is minimal information regarding the completed sessions to date and the claimant's progress from those sessions. Without having this information, the need to for an additional 20 sessions cannot be determined. As a result, the request for individual psychotherapy once a week for twenty weeks DOS 06/05/2014, 06/19/2014, 06/26/2014, 6/30/2014 is not medically necessary.