

Case Number:	CM14-0192509		
Date Assigned:	11/26/2014	Date of Injury:	08/31/1989
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 injured worker is a 73 year-old male [REDACTED] with a date of injury of 8/31/89. The injured worker sustained injury to his back while working for the [REDACTED]. He has been diagnosed with cervicalgia and post-traumatic stress disorder. He has been treated for his orthopedic condition with medications, physical therapy, and surgery. With respect to his PTSD symptoms, the injured worker has received both psychotropic medications prescribed by [REDACTED] and psychotherapy sessions from [REDACTED]. The request under review is for additional CPT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy once a week for 12 weeks: Overturned

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

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, Cognitive therapy for PTSD

Decision rationale: Based on the review of the medical records, the injured worker has been participating in both psychiatric and psychological services for many years. He has been

receiving psychotropic medications from psychiatrist, [REDACTED], and psychotherapy services from [REDACTED]. The records submitted by [REDACTED] include 18 progress notes from 7/15/14 through 10/28/14 and a progress report dated 9/11/14. It is unclear as to how many total sessions were completed in 2014 and there does not appear to be much progress and improvement from those sessions, only stabilization. It is also unclear as to the long-term treatment plan for this injured worker as he has been utilizing psychological services for many years. At this point, it would be assumed that the injured worker would have the skills necessary to manage any recurring symptoms. However, despite this, the injured worker remains symptomatic and at times, suicidal. The ODG recognizes that for individuals with severe cases of PTSD and depression, longer-termed therapy may be necessary. As a result, the request for additional "Cognitive Behavioral Therapy once a week for 12 weeks" is medically necessary.