

Case Number:	CM14-0208002		
Date Assigned:	12/22/2014	Date of Injury:	09/23/2013
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 (PHD, PSYD) 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 55 year-old female (██████████) with a date of injury of 9/23/2013. The injured worker sustained injury to her psyche as the result of being exposed to a juvenile inmate's suicide via hanging while working as a Correctional Deputy Probation Officer II for the ██████████. The injured worker has been diagnosed with Posttraumatic stress disorder, chronic - industrial and Unspecified Depressive Disorder - non-industrial. The injured worker was deemed P&S in November 2014. She has completed 42 psychotherapy sessions with Dr. ██████████. The request under review is for additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy every other week once a month as needed, Booster sessions of 3-5 per flare up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

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, Cognitive therapy for PTSD

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the injured worker has been participating in psychotherapy sessions with Dr. [REDACTED] and has completed 42 sessions to date. She has been able to demonstrate functional improvements including diminished anxiety and return to work plans. The ODG recommends 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. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders." Given this information, the request for additional sessions is reasonable. However, the request for "Psychotherapy every other week once a month as needed, Booster sessions of 3-5 per flare up" does not suggest a specific number of sessions and remains too vague. As a result, the request is not medically necessary. It is noted that the injured worker received authorization for an additional 7 psychotherapy sessions biweekly or once per month as needed.