

Case Number:	CM15-0109504		
Date Assigned:	06/16/2015	Date of Injury:	08/17/2012
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 42 year old male who sustained a work related injury 08/17/2012. Past history include thyroid cancer, post total thyroidectomy, Diagnoses are PTSD pain disorder, and major depressive disorder. He has been treated with epidurals and physical therapy. A PR2 of 05/19/2015 reported marital discord. This has been ongoing since at least 2014, themes of this have been aggressive outbursts reported by the patient on his part and of his spouse using alcohol. She had recently attempted suicide and had been placed on a 72 hour observation. On release she wanted him out of the house, but he had to care for their children. Mood appeared anxious ad depressed related to the family issues but planning judgment were improved. He is able to maintain attention and concentration. His mode of dress was less aggressive in theme. He was managing adequately in the face of this family crisis. He was going forward with his plans to set up a business (traffic school). He is compliant with medications: Celexa, Seroquel, Prazosin, clonazepam, and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy for twice a month for 45 days: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive therapy for PTSD.

Decision rationale: The patient has been making progress in his therapy. He has had increased family stress related to his wife's recent suicide attempt and her asking him to leave the home. It is medically necessary to allow him further sessions as objective functional improvement is being made (ability to manage his family during this time), but given the prior description of his symptom severity it would be prudent to allow him to have these additional sessions for the next 45 days during this period of crisis to prevent regression. This request is medically necessary.