

Case Number:	CM15-0135164		
Date Assigned:	07/23/2015	Date of Injury:	12/19/2013
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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
 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 injured worker is a 26 year old male, who sustained an industrial injury on 12/19/13. Initial complaints were not reviewed. The injured worker was diagnosed as having shoulder pain, left; pain in lower leg; edema; pain pelvic; lumbago; post-traumatic stress disorder; panic disorder with agoraphobia; major depressive disorder, moderate. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left knee (12/18/14). Currently, the PR-2 notes dated 5/29/15 indicated the injured worker was in the office as a follow-up for psychopharmacology consultation and management. Medications are listed as Venlafaxine, Prazosin and Bupropion and notes some anxiety and dizziness as side effects. The provider notes that the injured worker is doing well with mood good rated at 8/10 at best. Libido is okay and enjoying some activities. The provider documents "sill down 2 days of the week with some anger, appetite normal and not helpless. He still is having anxiety issues and would like to get a job but afraid to ask for work and difficulties with interview process due to panic attacks. He is working with a health care professional with job interviews and social anxieties as well as driving. The provider documents the injured worker is diagnosed with post-traumatic stress disorder with comorbid panic disorder and depression. He notes excellent improvement with the increase of some medications. The provider notes the injured worker is benefiting from regular psycho-therapy but needs additional sessions to facilitate a return to work. The provider is requesting authorization of cognitive behavioral therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy for PTSD.

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: Based on the review of the medical records, the injured worker has been receiving both psychotropic medication management services as well as psychological services. Based on the psychological PR-2 reports, the injured worker has completed 25 psychotherapy sessions with LMFT, [REDACTED], between 10/16/14 through 5/21/15. However, UR indicates a total of 33 sessions. Despite the difference, for the treatment of severe depression and/or PTSD, the ODG recommends "up to 50 sessions, if progress is being made." Utilizing this guideline, the request for an additional 12 sessions falls within the total number of sessions set forth by the ODG. As a result, the request for an additional 12 CBT sessions is medically necessary.