

Case Number:	CM15-0190431		
Date Assigned:	10/02/2015	Date of Injury:	05/28/2007
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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 32 year old male, who sustained an industrial injury on May 28, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having post-traumatic stress disorder, major depressive disorder, generalized anxiety disorder and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included cognitive psychotherapy and medication. On August 4, 2015, the injured worker reported he had "come back to a level, somewhat." He reported still crying a lot. His interest and motivation were noted to be "not that great, if not horrible." His energy levels were reported to be low. Regarding his concentration, he stated "I get off track a lot" and "I get distracted really easily." His post-traumatic stress disorder was noted to be "not that great," although he reported being better able to talk about it. The injured worker also reported chest tightness. The treatment plan included starting Seroquel, a trial of Propranolol, Imipramine, Clonazepam, Buspar, Prochlorperazine and a follow-up visit. On September 22, 2015, utilization review denied a request for psychotherapy counseling session 1 per week for 52 weeks. A request for Seroquel 100mg #45 and Propranolol 20mg #90 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy counseling sessions, 1 per week for 52 weeks, Qty 52: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 receives psychotropic medication management services and has participated in psychological treatment in the past. The request under review is for 52 psychotherapy sessions. In the treatment of PTSD, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Considering that the injured worker has not participated in any recent psychotherapy, the request for 52 sessions is excessive and exceeds the total number of psychotherapy sessions set forth by the ODG for severe cases of PTSD. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for 6 psychotherapy sessions in response to this request.