

Case Number:	CM15-0203590		
Date Assigned:	10/20/2015	Date of Injury:	07/12/2013
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 38 year old female, who sustained an industrial injury on 7-12-13. The injured worker was diagnosed as having post-traumatic stress disorder and major depression. Treatment to date has included 154 psychotherapy sessions and medication including Busbar, Wellbutrin, Prazosin, Xanax, and Pristiq. On 9-16-15, the injured worker complained of social withdrawal and isolation, difficult sleeping, obsessive thoughts of worry, fear that something bad will happen to her, excessive night sweats, periods of teary dissociated episodes, and hopelessness about making improvements. The treating physician requested authorization for individual psychotherapy 2 times per week until 1-1-16. On 9-25-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 2 times a week until 1/1/16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy guidelines for chronic pain.

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 depression; Cognitive therapy for PTSD.

Decision rationale: ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with Post-Traumatic Stress Disorder and Major Depressive Disorder. The submitted documentation suggests that she has been undergoing treatment with psychotropic medications and has had extensive psychotherapy treatment i.e. approximately 154 psychotherapy sessions until date. The guidelines recommend max 50 sessions in severe cases of depression as well as PTSD. The request for Individual psychotherapy 2 times a week until 1/1/16 is excessive and not medically necessary.