

Case Number:	CM15-0029266		
Date Assigned:	02/23/2015	Date of Injury:	05/06/2013
Decision Date:	04/07/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 67-year-old male reported a work-related injury on 05/06/2013. He was locked in a walk-in oven for a brief time, leading to depression and anxiety. According to the progress notes dated 7/10/14, the injured worker (IW) reports ongoing depression and tearfulness. Diagnoses include post traumatic stress disorder and major depressive disorder, single episode, severe. Previous treatments include medications and psychotherapy. The treating provider requests Individual psychotherapy sessions one session per wk for 20 wks (52 min session). The Utilization Review on 02/17/2015 non-certified the request for psychotherapy sessions one session per wk for 20 wks (52 min session), citing ACOEM and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions one session per week for 20 weeks (52 min a session):

Upheld

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience symptoms of PTSD related to his May 2013 work-related incident. He has been in treatment with [REDACTED] / [REDACTED], since that time. According to [REDACTED] March 2015 report, the injured worker received 13 psychotherapy sessions in 2013 and 15 sessions in 2014. Although [REDACTED] presents relevant information regarding the services provided to the injured worker as well as some of the progress made, the request for an additional 20 psychotherapy sessions is excessive as it does not allow for a reasonable time for reassessment of treatment goals, interventions, etc. As a result, the request for individual psychotherapy sessions one session per week for 20 weeks is not medically necessary.