

Case Number:	CM15-0212582		
Date Assigned:	11/02/2015	Date of Injury:	01/31/2012
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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 34 year old female who sustained an industrial injury on 1-31-12. The injured worker reported symptoms of depression and anxiety. A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder, post-traumatic stress disorder and chronic right ulnar neuritis. Provider documentation dated 11-2-15 noted the work status as maximum medical improvement. Treatment has included Gabapentin, Prazosin, Psychotherapy, Bupropion, Clonazepam, Chlorpromazine, Escitalopram, and Aripiprazole. Objective findings dated 8-11-15 were notable for "clear sensorium. Mood is depressed and anxious. Affect is constricted but not tearful." The original utilization review (10-14-15) denied a request for Intensive outpatient program for 24 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive outpatient program for 24 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychotherapy guidelines.

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 participating in individual psychotherapy with [REDACTED] since June 2012. She has also been receiving psychotropic medication from [REDACTED]. In addition to these services, the injured worker has been psychiatrically hospitalized and participated in an IOP in November 2014. The request under review is for an additional IOP admission consisting of 24 visits. In the treatment of severe PTSD, the ODG recommends a "total of up to 50 sessions, if progress is being made." Considering that the injured worker has received an extensive amount of psychological and psychiatric services over the past 3 years including a prior IOP admission, the request for an additional 24 IOP days appears excessive. As a result, the request for 24 IOP visits is not medically necessary.