

Case Number:	CM15-0032231		
Date Assigned:	02/25/2015	Date of Injury:	12/19/2013
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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 25 year old male/female, who sustained a work/ industrial injury on 12/19/13 in which he sustained an accident where a co-worker died as a result. He has reported symptoms of flashbacks with anxiety, poor sleep, nightmares, and rapid heart rate during the day, tearfulness, sadness, feelings of guilt and a presence. There was discomfort in the left posterior shoulder and knee. The diagnoses have included post traumatic stress disorder. Treatments to date included psychiatric counseling, medication, psychotherapy, physical therapy, and diagnostics. The treating physician's report (PR-2) of 1/26/15 reported continued symptoms of post traumatic stress disorder that come randomly. The treating physician noted progress with prior 6 or 8 sessions and recommended 12 additional sessions with an interpreter and transportation. On 2/5/15, Utilization Review of partial-certification of Psychotherapy x 12 sessions to Psychotherapy x 6 sessions, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain and Official Disability Guidelines, Mental Illness & Stress Procedure Summary. On 2/5/15, Utilization Review non-certified Transportation, noting the Non- MTUS, Department of health Care Services- California <http://www.dhcs.ca.gov/services/medi-cal>. Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1 Criteria For Medical Transportation and Related Services R-15-98E II.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Procedure Summary.

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 continued to experience psychiatric symptoms related to PTSD since his industrial-related auto accident in December 2013. He has been receiving psychotropic medication management services from [REDACTED] as well as psychological services from [REDACTED] LMFT, to treat his psychiatric symptoms. In the submitted progress reports, [REDACTED] offers relevant and sufficient information regarding the injured worker's progress and continued need for additional psychotherapy services. As a result, the request for an additional 12 psychotherapy sessions is medically necessary. It is noted that the injured worker received a modified authorization of 6 additional sessions in response to this request.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services- California <http://www.dhcs.ca.gov/services/medi-cal>. Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1 Criteria For Medical Transportation and Related Services R-15-98E II.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services- California <http://www.dhcs.ca.gov/services/medi-cal>. Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1 Criteria For Medical Transportation and Related Services R-15-98E II.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience psychiatric symptoms related to PTSD since his industrial-related auto accident in December 2013. He has been receiving psychotropic medication management services from [REDACTED] as well as psychological services from [REDACTED], LMFT, to treat his psychiatric symptoms. In the submitted progress reports, [REDACTED] offers relevant and sufficient information regarding the injured worker's progress and continued need for additional psychotherapy services. However, it was noted within the records that the injured worker has been utilizing public transportation and has even been driving in preparation of his driver's test. As a result, the injured worker does not require provided transportation and this request is not medically necessary.

