

Case Number:	CM15-0051524		
Date Assigned:	03/25/2015	Date of Injury:	11/29/2012
Decision Date:	05/27/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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 56 year old male who sustained an industrial injury on 11/29/12. Initial complaints include head, neck, jaw, shoulder, arm, chest and hip injures. Initial diagnoses are not available. Treatments to date include medications and psychotherapy. Diagnostic studies are not addressed. Current complaints include chronic headaches, problems with short term memory, and post-traumatic stress disorder symptoms. Current diagnoses include post-traumatic stress disorder, major depressive disorder, and post-concussion syndrome. In a progress note dated 02/14/15 the treating provider reports the plan of care as continued weekly psychotherapy, and medications including Brintelix, Fish oil, and a trial of N-acetylcysteine. The requested treatment is continued weekly psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy quantity: 10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Mental Illness and stress, updated 02/10/15.

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 receiving psychotropic medication management services from [REDACTED] and individual psychotherapy from [REDACTED]. In her 11/2/14 PR-2 report, [REDACTED] reported using the final 10th session of an authorized ten sessions. She recommended additional treatment that included monthly sessions in 2015. She wrote, "Patient is in agreement with monthly visits in 2015, ten visits for the year." The request under review is based on this recommendation, which was written on an RFA dated 1/29/15. It appears that the injured worker has been able to make some progress despite remaining symptomatic. The ODG recommends a total of up to 20 sessions for the treatment of either depression or PTSD. However, in complex cases in which the individual is experiencing both PTSD and depression, a total of up to 50 sessions is acceptable. As a result, the request for an additional 10 psychotherapy sessions appears reasonable and medically necessary.