

Case Number:	CM15-0081835		
Date Assigned:	05/01/2015	Date of Injury:	07/02/2001
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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, Texas Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 60 year old female whose date of injury is 07/02/2001. She reported jumping out of a moving vehicle after being kidnapped and car-jacked. Diagnoses have included PTSD, generalized anxiety and major depression. She began psychotherapy 5 days after the incident and has had over 400 sessions to date. She has also been treated psychopharmacologically. In a psychiatric report of 04/08/2015, she was actively engaged in goal setting and continued to be successful in her work and social environment, reducing her need for anti-anxiety medication. She rated her anxiety level as 5-7/10 with occasional increases to 8/10. UR of 04/15/15 denied a request for further psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy once a month for five months: 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 Illness and Stress, Cognitive Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUSCA-MTUS is silent regarding psychotherapy in PTSD. Official Disability Guidelines Mental Illness & Stress PTSD Psychotherapy Interventions.

Decision rationale: Recommended as indicated below. Providers should explain to all patients with PTSD the range of available and effective therapeutic options for PTSD. Cognitive Therapy (CT), Exposure Therapy (ET), Stress Inoculation Training (SIT), and Eye Movement Desensitization and Reprocessing (EMDR) are strongly recommended for treatment of PTSD in military and non-military populations. EMDR has been found to be as effective as other treatments in some studies and less effective than other treatments in some other studies. Imagery Rehearsal Therapy [IRT] and Psychodynamic Therapy may be considered for treatment of PTSD. Patient education is recommended as an element of treatment of PTSD for all patients. Consider Dialectical Behavioral Therapy (DBT) for patients with a borderline personality disorder typified by parasuicidal behaviors. Consider hypnotic techniques especially for symptoms associated with PTSD, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Specialized PTSD psychotherapies may be augmented by additional problem specific methods/services and pharmacotherapy. Combination of cognitive therapy approaches (e.g., ET plus CT), while effective, has not proven to be superior to either component alone. ODG Psychotherapy Guidelines: 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 Expert Reviewer's decision rationale: The patient suffers from PTSD, GAD, and major depressive disorder. She has received over 400 sessions to date, far exceeding ODG guidelines of up to 50 sessions if progress is being made. This request is therefore not necessary.