

Case Number:	CM14-0136462		
Date Assigned:	09/03/2014	Date of Injury:	07/26/2012
Decision Date:	10/09/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 07/26/2012 due to a robbery. The injured worker had a history of nightmares and anxiety with suicidal ideation. The injured worker had a diagnosis of post-traumatic stress disorder. The past treatments included a blood workup that included CBC and a comprehensive metabolic panel and medication and psychotherapy. The MRI dated 07/18/2013 of the brain revealed normal findings. The injured worker had psychiatric treatment with 3 inpatient admissions ranging from 12- 2 weeks. The neurological examination dated 07/14/2014 revealed the mental status was awake and oriented, knowing location, date, and month; recall was 3/3. The injured worker was able to spell words backwards and forwards; trouble with series of 7. Some math skills had deteriorated, able to name 20 animals in 1 minute which appeared to be adequate. Some memory dysfunction noted. The medications were unable for review. The Request for Authorization dated 08/03/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy Sessions QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): page 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

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, Cognitive Behavior Therapy

Decision rationale: The request for additional psychotherapy sessions quantity 8 is not medically necessary. The California MTUS/ACOEM does not address this request. The Official Disability Guidelines recommend there is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy. Psychotherapy guidelines indicate 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 clinical notes indicate that the injured worker has been under a psychiatrist for greater than a year with 3 admissions for inpatient psychotherapy. Per the clinical note, the injured worker stated that she was doing well in regards to the psychiatric post-traumatic stress disorder diagnosis and psychological issues and continues to see her doctor on a weekly basis. The clinical notes did not indicate that the injured worker warranted additional psychotherapy sessions. As such, the request is not medically necessary.