

Case Number:	CM14-0153279		
Date Assigned:	09/23/2014	Date of Injury:	10/14/2013
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a now 36 year old female who was injured in October of 2013. Evidently she has had 1-2 panic attacks per month since November. She has a diagnosis of Panic Disorder. She has been in psychotherapy evidently with improvement in her condition. Additionally she is on Klonopin 1 mg daily and Prozac 20 mg daily. The provider is seeking coverage for 1-3 psychotherapy sessions weekly. It appears that the previous provider modified the request to 12 visits from 8/7-10/7 of this year. This represents an independent review for medical necessity for the unmodified request for 1-3 psychotherapy sessions per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy one (1) to three (3) times a week for panic attacks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Guideline for the Treatment of Patients with Panic Disorder, APA, 2009

Decision rationale: ACOEM, MTUS, and ODG are silent in regard to Panic Disorder. APA Practice Guidelines indicate cognitive therapy for this condition and indicate that the usual and

customary duration is 10-15 weekly sessions. The patient has had 24 sessions. The previous reviewer has authorized 12 sessions. Additional sessions could be authorized if indicated but the provider's open ended request is not consistent with current practice standards for this condition and hence cannot be considered as medically necessary. Such as, Psychotherapy one (1) to three (3) times a week for panic attacks is not medically necessary.