

Case Number:	CM14-0161640		
Date Assigned:	10/07/2014	Date of Injury:	05/06/2014
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 California. 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:

Injured worker is an 80 year old female who was verbally abused by a committee member on 05/09/2014. Date of the UR decision was 9/17/2014. Report dated 8/11/2014 listed subjective complaints as anxiety, depression, intrusive thoughts, sleep disturbance, withdrawal, and fear of the perpetrator. The psychotropic medications being prescribed for her were Ativan and Zoloft. The progress report dated 09/02/2014 indicated that she had made slow progress in therapy and there was a reported reduction in psycho physiological symptoms. She was diagnosed with major depression, single episode and Post-traumatic stress disorder. The submitted documentation did not indicate any evidence of objective functional improvement with the ongoing therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 additional weekly exposure therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 101-102. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress>, <Cognitive therapy for PTSD>

Decision rationale: ODG states" Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD).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 progress report dated 09/02/2014 indicated that she had made slow progress in therapy and there was a reported reduction in psycho physiological symptoms. She was diagnosed with major depression, single episode and Post-traumatic stress disorder. The submitted documentation did not indicate any evidence of objective functional improvement with the ongoing therapy.The request for 20 additional weekly exposure therapy sessions is excessive and is not medically necessary. The guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.