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| Case Number: | CM14-0179606 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 10/30/2013 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 licensed in Psychology 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:

The claimant is a 62 year-old male (██████████) with a date of injury of 10/30/13. The claimant sustained injury to his psyche when he was driving his sanitation truck and while making a left on a green light, fatally struck a bicyclist who was riding on the wrong side of the street. The claimant sustained this psychiatric injury while working as a sanitation driver for ██████████. In the "Psychiatric Department Visit Report" dated 3/21/14, ██████████ diagnosed the claimant with: PTSD; (2) Alcohol dependence in remission; and (3) History of depression. Additionally, in his "Treating Physician's Initial Evaluation and Report with Psychological Test Results and with a Request for Authorization for Psychiatric Treatment" dated 7/7/14, ██████████ also diagnosed the claimant with Posttraumatic Stress Disorder. He also diagnosed the claimant with a history of Dysthymic Disorder (non-industrial pre-existing) and Alcohol, Opiate, and Heroin Dependence, recently aggravated by industrial injury (outpatient detoxification). The claimant has been receiving psychotropic medication management services from ██████████ and psychotherapy sessions from ██████████, MFT. The request under review is for the continuation of unknown psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Further psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the psychotherapy interventions for the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychotropic medication management services from [REDACTED] and individual psychotherapy services from [REDACTED], MFT. Unfortunately, the request for further psychiatric treatment remains vague as it does not indicate the type of treatment being requested. If psychotherapy is being requested, the request does not indicate the number of sessions. If psychiatric treatment is being requested, the number of requested office visits is not known. Lastly, the frequency for the treatments is not specified. Due to the ambiguity and lack of information from the request, the request for "Further psychiatric treatment" is not medically necessary.