

Case Number:	CM14-0216445		
Date Assigned:	02/04/2015	Date of Injury:	10/31/2014
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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
Certification(s)/Specialty: Psychologist

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 26 year old female who sustained an industrial related injury on 10/31/14 after being assaulted. The injured worker had complaints of neck, right arm, and back pain. Headaches, nausea and intermittent dizziness were also noted. Diagnoses were noted to be head contusion and neck muscle strain. Treatment included physical therapy. The treating physician requested 20 weekly exposure therapy sessions to be provided by a specialist in exposure therapy [REDACTED]. On 12/16/14 the request was modified to 6 sessions. Eligible for IMR. Treating physician [REDACTED] is not being disputed and there is no liability issue indicated. The complete UR report dated 12/26/2014 is also in file, the determination was modified to 6 weekly Exposure Therapy sessions to be provided by Specialist [REDACTED]. Referral may be needed outside of MPN because there are no specialist close by the injured worker who are within the MPN.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 weekly exposure therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker began psychological services with [REDACTED] on 1/5/2015 and is diagnosed with PTSD. [REDACTED] will be utilizing exposure therapy to work address the injured worker's PTSD symptoms. The request under review is for an initial 20 weekly sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 sessions" may be necessary. Given this information, the request for an initial 20 sessions exceeds the recommended number of initial sessions. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 6 sessions in response to this request.