

Case Number:	CM15-0105432		
Date Assigned:	06/09/2015	Date of Injury:	08/24/2013
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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 41 year old female with an industrial injury dated 08/24/2013. The injured worker's diagnoses include depressive disorder and post traumatic disorder. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 04/22/2015, the injured worker reported improved depression, anxiety and concentration. The injured worker also reported improved sleep but she still has issues at night and issues with concentration and flashbacks. Objective findings revealed anxiety. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for psychotherapy 1 time per week for 12 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological treatment Page(s): 19-23.

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 Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] for the treatment of PTSD and depression. It appears that she began seeing [REDACTED] shortly following the work-related incident in August 2013. The ODG recommends that in "severe cases of Major Depression or PTSD, up to 50 sessions if progress is being made. In the most recent progress report dated 4/22/15, it is noted that the injured worker continues to experience concentration issues and has flashbacks 3-4 times per week instead of 3-4 times per day. Although there is some progress noted, the number of completed psychotherapy sessions to date is unknown as this information was not found within the submitted medical records. Without this information, the need for additional treatment cannot be fully determined. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.