

Case Number:	CM15-0113210		
Date Assigned:	06/19/2015	Date of Injury:	08/26/2013
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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 58 year old female who sustained an industrial injury on 8/26/13. The injured worker was diagnosed as having cervical radiculopathy and lumbosacral radiculopathy. Currently, the injured worker was with complaints of pain in the neck and back. Previous treatments included medication management and a home exercise program. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 visits of psychotherapy sessions: Overturned

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

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 ChapterCognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms related to PTSD as a result of her work-related injury in

August 2013. The injured worker completed an initial psychological evaluation with [REDACTED] on 5/6/15. In her report, [REDACTED] recommended follow-up psychological sessions, which had previously been recommended by AME, [REDACTED]. Although it is reported that the injured worker had received prior psychological treatment through [REDACTED], none of those records were included for review. Therefore, it is unclear as to the type of treatment nor number of sessions received and whether the treatment was provided through the WC system. As a result, this request for 15 psychotherapy sessions will be considered an initial request for treatment. In the treatment of PTSD, the ODG recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Utilizing this guideline, the request for 15 psychotherapy visits appears reasonable and is therefore, medically necessary. It is suggested that future PR-2 reports offer detailed information regarding the progress achieved through the therapy. It is also noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.