

Case Number:	CM15-0116529		
Date Assigned:	06/30/2015	Date of Injury:	08/19/2013
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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 was a 51 year old female, who sustained an industrial injury, August 19, 2013. The injured worker previously received the following treatments psychotherapy treatments, occupational therapy, Depakote, Vimovo and Skelaxin. The injured worker was diagnosed with posttraumatic stress disorder. According to progress note of April 23, 2015, the injured worker's chief complaint was managing the depression better by staying active. The injured worker was pursuing meaningful activities and realizing the need to stay on medication consistently. The injured worker was discussing triggers of the traumatic event and how they affect the injured worker on a daily bases. The injured worker was identifying ways to manage anxiety. The plan was to continue prolonged exposure to therapy and to continue teaching breathing, mindfulness for stress reduction. The treatment plan included weekly psychotherapy treatments for posttraumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of weekly Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy 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 Illness and Stress Chapter; PTSD Psychotherapy Interventions.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological treatment from [REDACTED], under the supervision of [REDACTED]. It is unclear as to when the services commenced as there is no psychological evaluation included for review. The medical records do include progress notes from August 2014. It appears that the injured worker has been receiving stable services up until May 2015. Unfortunately, the records do not indicate the number of completed sessions to date nor the consistent progress and improvements that have been made as a result of the services. The ODG recommends that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Without knowing the number of completed sessions nor having specific progress noted, the need for additional treatment cannot be fully determined. As a result, the request for an additional 6 psychotherapy sessions is not medically necessary.