

Case Number:	CM15-0121644		
Date Assigned:	07/02/2015	Date of Injury:	01/17/2014
Decision Date:	08/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 27-year-old female, who sustained an industrial injury on January 17, 2014. The injured worker was diagnosed as having post traumatic stress disorder (PTSD), depressive disorder and loss of employment isolation. Treatment to date has included psychotherapy and medication. A progress note dated May 12, 2015 provides the injured worker complains of sleep disturbance, anxiety, overeating, and sadness. She reports fearfulness because her assailant returned to her work place and made threats. Physical exam notes tearfulness, psychomotor retardation and appearance of sadness. She has completed 18 psychotherapy sessions and was making good progress. It is felt she needs more therapy. Welbutrin was discontinued due to adverse side effects and she does not wish to trail further psychotropic medications. The plan includes cognitive behavioral therapy (CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, once a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Cognitive therapy for PTSD.

Decision rationale: ODG states: Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The injured worker has been diagnosed as having post traumatic stress disorder (PTSD), depressive disorder and loss of employment isolation. She has completed 18 psychotherapy sessions and was making good progress per the progress reports. She has already completed 18 sessions and request for Cognitive Behavioral Therapy, once a week for six weeks i.e. six more sessions will exceed the guideline recommendations of up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Thus, the request is not medically necessary.