

Case Number:	CM15-0072774		
Date Assigned:	04/23/2015	Date of Injury:	12/19/2013
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 25-year-old male, who sustained an industrial injury on 12/19/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having posttraumatic stress disorder. Treatment to date has included medications, and mental health treatment. Currently, the injured worker complains of flashbacks, anxiety attacks, fear of public transportation and riding in a care, and interrupted sleep with disturbing nightmares. He was documented to have psychiatric sessions often on a weekly basis since October. He was documented as showing signs of improvement, though he continued to struggle with posttraumatic stress disorder symptoms, on a lesser but still unacceptable level of distress. The treatment plan included an additional 12 psychotherapy sessions, with interpreter and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x12 weekly sessions with transportation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation (to & from appointments).

Decision rationale: The injured worker sustained a work related injury on 12/19/2013. The medical records provided indicate the diagnosis of posttraumatic stress disorder. Treatment to date has included medications, and mental health treatment. The medical records provided for review do not indicate a medical necessity for Psychotherapy x12 weekly sessions with transportation. The MTUS is silent on Transportation, but the Official Disability Guidelines does not recommend transportation for individuals less than 55 years of age. For those that are more than 55 years of age, it is recommended if the individual is disabled and in need of nursing home level of care. The MTUS recommends an initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions.)