

Case Number:	CM15-0097762		
Date Assigned:	05/28/2015	Date of Injury:	03/01/2012
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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 male, who sustained an industrial injury on 03/01/2012. He has reported injury to the face, jaw, neck, left wrist, and back. The diagnoses have included sprain of wrist; intra-articular distal radius impaction fracture, left wrist, with lunate dislocation; lumbar spine strain; status post left wrist surgery, on 03/02/2012; major depression; and post-traumatic stress disorder. Treatment to date has included medications, diagnostics, dental care, psychotherapy, surgical intervention, casting, and physical therapy. Medications have included Norco, Zoloft, and Atarax. A progress note from the treating physician, dated 04/23/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain; and he is experiencing recurrent recollection of trauma and condition associated to traumatic injury. Objective findings included still emotionally unstable. The treatment plan has included the request for individual psychotherapy, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy, 12 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 depression; Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in September 2014. In the Doctor's First Report of Occupational Injury or Illness, the injured worker was diagnosed with Major Depressive Disorder and PTSD. It appears that the injured worker began subsequent psychotherapy services with [REDACTED] and/or her colleague shortly following the initial evaluation. It is unclear from the submitted PR-2 reports from [REDACTED] or [REDACTED] as to the number of completed visits to date. It appears that there were a minimum of 7 psychotherapy visits completed in 2015 (January through March). The most recent PR-2 report dated April 2015 indicates that the injured worker continues to experience chronic pain as well as psychiatric symptoms. Because of his continued symptoms, additional treatment was recommended for which the request under review is based. Given the injured worker's diagnoses and continued symptoms, additional treatment is warranted. In the treatment of severe depression or PTSD, the ODG recommends "up t 50 sessions if progress is being made." Considering that the injured worker began treatment in September, he has not completed close to 50 possible sessions. As a result, the request for an additional 12 sessions appears appropriate and medically necessary. It is suggested that future PR-2 reports include the number of completed sessions as well as more information about the progress that is being made as a result of treatment. It is also noted that the injured worker did receive a modified authorization for an additional 6 sessions in response to this request.