

Independent Medical Review Final Determination Letter

2992

[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0023237	Date of Injury:	05/01/2009
Claims Number:	[REDACTED]	UR Denial Date:	08/30/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
COG. BEHAV. PSYCHOTHERAPY 6 VISIT			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychologist, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 39 y.o., female (DOB – [REDACTED]) with a date of injury of 5/1/09. According to reports, the claimant was robbed at gun point while working at [REDACTED] and subsequently developed post traumatic stress disorder. According to a recent assessment report from Dr. [REDACTED] dated, 8/14/13, the claimant is diagnosed with PTSD and Major Depressive Disorder.

IMR DECISION(S) AND RATIONALE(S)

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

1. 6 cognitive behavioral psychotherapy is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The claimant has been and is currently diagnosed with PTSD and MDD. She received therapy services in the past immediately following her date of injury, however, she is experiencing an exacerbation in both PTSD and depressive symptoms. The request for 6 CBT sessions is following a recent assessment that was conducted by Dr. [REDACTED] on 8/14/13. Considering that the claimant has not received any psychological services for a couple of years, this recent assessment by Dr. [REDACTED] can be viewed as an initial evaluation. Therefore, the request for 6 CBT sessions can also be viewed as a request for initial sessions. According to the Official Disability Guidelines regarding the treatment of PTSD, it is suggested that CBT be used for "an initial 6 sessions over 6 weeks" and "with evidence of objective functional improvements, a total of 13-20 sessions over 13-20 weeks" may be authorized. As a result, the request for 6 cognitive behavioral psychotherapy sessions is medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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