

<b>Case Number:</b>	CM13-0005219		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### 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. The expert reviewer is Licensed in Psychologist and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### CLINICAL CASE SUMMARY

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

This is a 42-year-old female with a 12/10/11 date of injury. The mechanism of injury occurred when the patient was robbed at work and was traumatized by the incident. According to a progress report dated 7/28/13, the patient continued with previous symptoms and complaints of depressed mood, anxiety, crying, sleep problems, "scary dreams", and continued frequent thoughts about the robbery. She continued to be motivated to stay on her job as she has returned to work. She reported that she is almost constantly worried at work and at home, particularly at nights closing the store alone. The provider is requesting additional psychotherapy to help desensitize the patient from the initial event, cure and relieve signs and symptoms of PTSD, and stabilize work attendance. Objective findings: depressed and anxious mood, flashbacks and recurring thoughts to incident, nightmares related to incident, paranoiz, difficulty sleeping, hypervigilant. Diagnostic impression: post-traumatic stress disorder. Treatment to date: medication management, activity modification, psychotherapy. Also, it appears that the patient is already functioning at a reasonably high level of functionality as she has already returned back to work and should be able to manage her condition with the coping abilities that were already instructed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INDIVIDUAL PSYCHOLOGICAL TREATMENTS, BI-WEEKLY X4 MONTHS,  
TOTAL 8 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Stress Related Conditions.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that fundamental to cognitive therapy is the premise that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem-focused, with strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress. In addition, with evidence of objective functional improvement, ODG supports a total of up to 13-20 visits over 13-20 weeks. It is noted that the patient has had previous psychotherapy, however, the number of total sessions is not noted. In addition, the patient has been receiving psychotherapy treatment since at least 11/1/12. Guidelines only support up to 13-20 visits up to a 20 week period. There is no documentation provided as to why the patient has not been able to transition to self-care of her symptoms and utilizing the tools she has learned in therapy at this time. Therefore, the request for Individual Psychological Treatments, Bi-Weekly X4 Months, Total 8 Sessions was not medically necessary.