

<b>Case Number:</b>	CM13-0011373		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Psychology and is licensed to practice in Texas. 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:

The injured worker is a 52-year-old male who reported an injury on 09/14/2011, with the mechanism of injury not cited within the documentation provided. In the clinical note dated 07/15/2013, the injured worker complained of severe stress reactions to include anhedonia, feelings of failure and guilt, lack of concentration, isolation, and negative view of himself and the situation and the future. It was noted by the psychologist that the injured worker had been seeing her since 04/2013. The diagnoses included major depressive disorder, moderate, and insomnia due to psychological disorder. The treatment plan included a request for a 6 day program to the [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] (X6 DAYS): Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Cognitive therapy for PTSD Section.

**Decision rationale:** The request for [REDACTED] (times 6 days) is non-certified. The CA MTUS/ACOEM Guidelines state that the frequency of followup visits may be determined by the severity of symptoms, whether the injured worker was referred for further testing and/or psychotherapy, and whether the injured worker is missing work. Generally, patients with stress related complaints can be followed by a mid level every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified or full duty work if the injured worker has returned to work. The Official Disability Guidelines state that cognitive therapy for PTSD is recommended; however, it is unclear if supportive therapy is of any clinical value in the treatment of PTSD since it appears to impede psychological recovery. It is noted that the frequency for psychotherapy is up to 13 to 20 visits over 7 to 20 weeks (individual sessions), if progress is being made. In the clinical notes provided for review, it is annotated that the injured worker has major depressive disorder, moderate, and insomnia; however, it is not annotated that the injured worker has post traumatic stress disorder. It is also annotated within the documentation provided that the injured worker has completed sessions of psychotherapy but the efficacy of the sessions were not documented. Also, there is lack of documentation of the injured worker participating in any home based behavioral therapy or antidepressive/anti-anxiety medications. Therefore, the request for [REDACTED] [REDACTED] (times 6 days) is not medically necessary.