

<b>Case Number:</b>	CM13-0016435		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/15/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Board Certified in Psychiatry 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 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 55 year old male with date of injury 06/15/2007. Date of the UR decision was 8/19/2013. He was assaulted by an inmate at work while performing his duties working as a facility officer at a jail. He suffered from Post Concussion Syndrome, with symptoms such as frequent headaches, ringing in the ears, vertigo. The injured worker has been diagnosed with Post Traumatic Stress Disorder, chronic, mild-moderate. Report from 2/25/2014 suggested that he was anxious, irritable, distraught and despondent. He was being prescribed Klonopin for anxiety and panic attacks, Neurontin, Trazodone, Latuda and Edluar. Report from 4/14/2014 suggested that the injured worker continued to be depressed, anxious, distraught and despondent. The report indicated that he was being treated with EMDR, however there was no documentation regarding the results from the treatment. Report from 4/29/2014 indicated clinical levels of depression and anxiety on BDI and BAI scales.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY BIWEEKLY (PER RFA 08/12/13):**  
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 and Stress, Cognitive therapy for PTSD.

**Decision rationale:** ODG guidelines suggest Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Based on a review of the documentation provided the request for 12 sessions of Individual Psychotherapy biweekly are medically necessary.