

<b>Case Number:</b>	CM13-0022192		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 as a Psychologist 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 59 year-old female who reported an injury on 06/30/2011 and the mechanism of injury was from a robbery when she was held at gunpoint. The injured worker has had ongoing issues with anxiety and depression since the incident. The injured worker had a diagnosis of posttraumatic stress disorder. The clinical note dated 12/03/2013 which indicated the injured worker was angry and tearful with heightened anxiety and panic attacks since workers comp financial support ended and has restarted psychomotor negative thinking. She was highly anxious and to the point of isolating herself to fear she would have a gun pulled on her. The injured worker reported continued insomnia and nightmares. The injured worker had been seen for individual therapy sessions the prior summer. The injured worker had significantly declined when she was not attending individual therapy and she appeared more anxious and depressed than she was in the past. The physician's treatment plan included a request for an additional 8 cognitive behavioral therapy psychotherapy treatment sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL 8 COGNITIVE BEHAVIORAL THERAPY PSYCHOTHERAPY TREATMENT SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for PTSD Section

**Decision rationale:** The California MTUS/ACOEM guidelines for cognitive techniques and therapy indicate that 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. The Official Disability Guidelines (ODG) for Mental Illness & Stress recommend for, cognitive therapy for PTSD- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD up to 50 sessions are recommended if progress is being made. The provider should evaluate symptoms of improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The medical documentation provided fails to indicate the progress the patient made in the previous sessions of therapy as evidenced by objective functional improvement. Within the provided documentation there was a lack of documentation of a full and complete objective assessment of the patient's psychological condition in order to provide a baseline by which to assess objective functional improvements throughout therapy as well as to indicate the issues needing to be assessed with behavioral psychotherapy treatment. Therefore, the request for an additional 8 cognitive behavioral therapy psychotherapy treatment sessions is not medically necessary.