

<b>Case Number:</b>	CM13-0023696		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Psychology 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. 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 claimant is a 64 year-old male (██████████) with a date of injury of 7/24/12. According to medical reports, the claimant sustained cumulative injury to his psyche while working as a correctional officer and is diagnosed by ██████████ with Posttraumatic Stress Disorder and by ██████████ with Major Depressive Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological therapy (bi-weekly) #24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

**Decision rationale:** According to reports, the claimant has received over 20 sessions of individual CBT and has received medication management services to treat his PTSD and depressive symptoms. These services have had varied responses for the claimant. In the August 2013 report it is indicated that the claimant appears to require more intensive services than biweekly psychotherapy sessions and recommends a rehabilitation program specifically for

correctional officers. Although this request was initially denied, the claimant has now been authorized to attend this intensive rehabilitation program and is to begin those services in January 2014. Given the claimant's need for more intensive services, the request for an additional 24 individual psychotherapy sessions prior to the claimant's participation in the program appears premature. It is suggested that the claimant receive follow-up services upon his discharge from the rehabilitation program; however, 24 biweekly sessions appears excessive at this time and is not medically necessary. The Official Disability Guidelines suggests that for the treatment of PTSD, "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. It further states that with "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008). The request is denied.