

<b>Case Number:</b>	CM13-0033662		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records provided for this IMR, the patient is a 59 year old female banker who reported an injury during the course of her normal work activities as a banker when she was held up by bank robbers claiming they had a bomb. She has been diagnosed with PTSD and Major Depressive Disorder. Prior psychotherapy sessions to date include 27 sessions from 2009-2010 and 8 more sessions since 5/27/13. She reports being fearful and afraid to leave her home, having bad thoughts and GI problems and isolating socially. She is taking Psychiatric medications. A request for 12 additional sessions of psychotherapy to be provided weekly through October 31, 2013 was non-certified and a request to overturn is the subject of this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ADDITIONAL PSYCHOTHERAPY SESSIONS:** Upheld

**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/Stress: Psychotherapy.

**Decision rationale:** The guidelines for psychotherapy state that an initial trial of 6 visits over 6 weeks is recommended. That with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions). In "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." Based on the records reviewed this patient does appear to have both depression and PTSD. It is unclear how many sessions to date she has had, but the minimum would be 39, 19 more than the maximum suggested for most patients. There are several years of no information (2011, 2012 with no indication if there was continuous treatment or if there was a break and then return) but the treatment duration spans approximately 5 years. The treatment and progress notes provided are few and there is little documented in terms of functional objective functional improvement or precisely what the therapy consists of. Mostly the same progress notes are repeated in the file. Although treatment goals are mentioned there is no indication of specific progress towards each of these goals. The finding of non-certification is upheld.