

<b>Case Number:</b>	CM13-0040725		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Clinical 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 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:

According to the records provided for this independent review, this patient is a 56 year old male who reported an industrial/occupational work-related cumulative trauma injury 4/1/1989-1/23/2012, and a specific injury on 4/13/2011 while engaged in the normal course of his work duties for the [REDACTED]. He was employed as a member of the SWAT team and was exposed to numerous assaults by inmates on staff of, suicides and random violence at the central jail. He handled many child abuse cases, domestic violence cases, witnessed several school shootings as well as multiple suicides. These incidents affected him with increased anxiety, nightmares, and hyper-alertness, but the impact would wear off eventually. However, on April 13, 2011 he shot and killed a suspect he thought had a weapon, and since that time he has reported posttraumatic stress disorder (PTSD) symptoms, nightmares, depression and anxiety. Due to his psychological symptoms he medically retired one year later. The patient is reportedly struggling with severe depression, anxiety, PTSD, suicidal ideation and waking up in the middle of the night and not being able to return to sleep. The patient has been participating in individual psychotherapy since the incident: he had approximately 10 sessions in 2011 right after the event, and has had approximately 25 treatment sessions since February 1, 2013. He continues to have emotional instability, intrusive thoughts and episodes of uncontrolled anger outbursts and alcohol abuse to help facilitate sleep. Anger outbursts have occurred more commonly when he uses alcohol and Lunesta. Anger episodes have resulted in marital discord. He is been diagnosed with PTSD, chronic; major depressive disorder; alcohol abuse. A request for psychotherapy, PR-2 (dated 10-5-14) was made, and non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY, PR-2 DATED 10/05/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic psychotherapy guidelines.

**Decision rationale:** The utilization review rationale for non-certification was stated as due to insufficient documentation of significant clinical gains from prior psychotherapy, and that a prior treatment denial was done on 10/17/13. A progress note from October 2013 states the patient has been actively engaged in the therapy process and is trying to utilize recommended coping tools; from 9/2013 that he has been working on difficult issues relating to feeling like a failure, loss of identity from being off work that has been able to refocus and is considering taking a class in solar energy, also that he was able to exhibit humor within the therapy session and from 5/2013 has progress in being able to face and processes memories and emotions related to his experiences. These gains do not meet the standard of objectively measureable functional improvements. Also there was not a specific treatment that addresses his alcohol abuse or has an ending point. Finally, there is no number of sessions specified. All requests for treatment must contain the number of sessions requested. According to the MTUS guidelines for cognitive behavioral therapy, patients can be authorized for an initial set of 3-4 visits and if there is objective improvement additional treatments up to 10 may offered. The ODG for psychotherapy specifies 13-20 maximus sessions if progress is being made, additional sessions may be offered in cases of Severe Major Depressive Disorder or PTSD. Therefore the request is not medically necessary.