

<b>Case Number:</b>	CM13-0047842		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 49-year-old female with date of injury of 07/03/2012. Per [REDACTED]' report 09/22/2013, the listed diagnoses are: (1) Posttraumatic stress disorder, chronic, (2) Pain disorder associated with psychological factors. This report described that the patient developed floaters in her eye and was encouraged to see an ophthalmologist and actually did see [REDACTED] at [REDACTED] and reportedly diagnosed with posterior vitreous detachment and told her it could be due to trauma. The patient was very anxious about her vision problem and fearful that she will lose her vision or tear her retina. She continued to decline antidepressant medication because she felt it was not helping. The patient's condition was permanent and stationary as of 07/05/2013. [REDACTED]' report from 09/22/2013 also recommended weekly psychotherapy to continue to focus on the patient's symptoms of anxiety and fear of returning to work. The patient continues to demonstrate slow but steady progress. Additional 6 sessions was recommended. She requires ongoing trauma and focus to cognitive behavioral therapy, continues to experience panic symptoms and thinking/talking about the attack or in situations of prolonged physical intimacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Psychotherapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Cognitive-Behavioral Therapy (CBT) Guidelines (<http://www.odg-twc.com/odgtwc/pain.html>):

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Psychotherapy Guidelines.

**Decision rationale:** This patient presents with diagnosis of posttraumatic disorder and eye floater problems. There is a request for 6 additional sessions of individual psychotherapy sessions per 09/22/2013 [REDACTED]' report. This request was denied per utilization review letter 10/09/2013 stating that patient already had 24 previous cognitive behavioral therapy sessions and given that prior CBT therapy does not appear to have result in sustained functional benefit with progress towards returning to work, additional therapy was denied. MTUS Guidelines do not discuss individual psychotherapy sessions for PTSD diagnosis although it does discuss cognitive behavioral therapy for chronic pain and psychological issues. For specific recommendations regarding psychotherapy and interventions for PTSD, ODG Guidelines are used. ODG Guidelines recommend initial trial of 6 visits over 3 to 6 weeks, and with evidence of symptom improvement, total of up to 13 to 20 visits over 7 to 20 weeks individual sessions. It further states, "Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made." In this case, the patient has been receiving psychotherapy on an individual basis for quite some time. Utilization review letter indicates more than 24 sessions, and provided records show continued treatments since 02/08/2013. After reviewing [REDACTED]' reports, one is not convinced that continued individual cognitive therapy will make a significant difference. Review of the reports does not show improvement or progress. The patient is also reluctant to try other treatments such as the use of psychotropic medications, and participating in exposure therapy. There is also no indication that the patient's condition is severe or "extremely severe" requiring prolonged treatments. At any rate, the prior treatments have not yielded much improvement in the patient's overall condition. Recommendation is for denial of the requested additional psychotherapy.