

<b>Case Number:</b>	CM13-0053833		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Expert Reviewer is Licensed 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 61 year-old male [REDACTED] with a date of injury of 8/28/13. He sustained right lower extremity injuries as the result of a motor vehicle accident while employed for the [REDACTED] as a senior groundskeeper. In the "Initial Orthopedic Surgeon Consultation" dated 9/16/13, [REDACTED] diagnosed the claimant with: (1) Right lower leg contusion-strain, healing; and (2) Right mid-foot sprain. Additionally, the claimant has been experiencing an exacerbation of psychiatric symptoms as a result of the work-related injury. In her PR-2 report dated 10/16/13, [REDACTED] diagnosed the claimant with "contusion of foot" and "sprain/strain of ankle". Additionally, in the narrative of the report, [REDACTED] commented that the claimant is also diagnosed with "panic disorder, industrially aggravated". This diagnosis was further reported on the follow-up PR-2 report dated 11/20/13. It is the psychiatric diagnosis of panic disorder that is most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior therapy, 1 time a week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1062-1067.

**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 the review of the medical records, the claimant was first evaluated by [REDACTED] in October 2013 (psychological evaluation was not offered for review). It was recommended in the initial PR-2 report that the claimant receive follow-up CBT psychotherapy services to reduce his panic attacks. The ODG recommends cognitive behavioral therapy for the treatment of panic disorder and states that "typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Each session lasts approximately 1 hour." Based on these guidelines, the request for "Cognitive behavior therapy, 1 time a week for 4 weeks" is reasonable, well within the guidelines, and is therefore, medically necessary.

**Psychotherapy, 30 minutes:** Upheld

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

**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:** The CA MTUS does not address the treatment of panic disorder. As a result, the Official Disability Guidelines regarding the behavioral treatment of panic disorder will be used as reference for this case. According to the review of the medical records, the claimant was first evaluated by [REDACTED] in October 2013 (psychological evaluation was not offered for review). It was recommended in the initial PR-2 report that the claimant receive follow-up CBT psychotherapy services to reduce his panic attacks. The ODG recommends cognitive behavioral therapy for the treatment of panic disorder and states that "typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Each session lasts approximately 1 hour". A separate request has been made for cognitive behavioral therapy sessions. As such, this separate request for "Psychotherapy, 30 minutes" appears redundant and not indicated as it is assumed that psychotherapy will be included in the cognitive behavioral therapy sessions being provided. As a result, the request for "Psychotherapy, 30 minutes" is not medically necessary.