

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0062596 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 06/18/2013 |
| <b>Decision Date:</b> | 05/16/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 Psychiatry 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.

### 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 57 year old male injured worker with date of injury 6/18/13 with traumatic psychiatric stress injury with emotional distress. He complains of flashbacks of multiple traumas from his work as a correctional officer, hypervigilance, social withdrawal, survivors' guilt, crying spells, sleep disruption, anxiety, and depressed mood. He has abused substances in an attempt to self-medicate, which the documentation does not elaborate upon. He is taking Zoloft which is partially effective. He is diagnosed with major depression, single episode; post traumatic stress disorder. The date of Utilization Review (UR) decision was 12/4/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PARTICIPATION 7 NIGHTS/8 DAYS TRAUMA RETREAT QTY:8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability 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 & Stress, Cognitive Therapy for Post-traumatic stress disorder (PTSD).

**Decision rationale:** ODG TWC guidelines recommend cognitive therapy for PTSD. "There is evidence that individual Trauma-Focused Cognitive Behavioral Therapy/Exposure Therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD)." However, the documentation submitted for review do not

address why an eight (8) day trauma retreat is necessary. It is noted that exposure therapy and medication management have benefited the injured worker greatly. The request is not medically necessary.