

<b>Case Number:</b>	CM13-0071512		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 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:

The claimant is a 27 year-old male (DOB) with a date of injury of 11/20/12. The claimant sustained injury to his psyche when a bus that he was driving struck a motorcyclist, resulting in the motorcyclist's death. This motor vehicle accident occurred when the claimant was working as a bus driver for the [REDACTED]. In her 12/2/13 PR-2 report and narrative, [REDACTED] diagnosed the claimant with Posttraumatic Stress Disorder secondary to the industrial accident and outcome from the incident of November 20, 2012. She also notes that he struggles with Acute Stress Disorder and Depressive Disorder NOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **20 PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Therapy For PTSD Section.

**Decision rationale:** The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guidelines regarding the cognitive treatment fo PTSD will be used as

reference for this case. Based on the review of the medical records, the claimant has received psychotherapy services for over one year (at least 85 sessions) and has been improving. Although he continues to experience some symptoms of PTSD, he has been able to return to work with restrictions. Given the claimant's progress and improvements, an additional 20 sessions appears slightly excessive and does not allow for a gradual transition to decreased services. As a result, the request for "20 Psychotherapy sessions" is not medically necessary.