

<b>Case Number:</b>	CM13-0072553		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Psychology and is licensed to practice in Texas. 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 injured worker is a 41-year-old female who reported an injury on 07/07/2011 after she injured her low back in an elevator accident. The injured worker ultimately developed post traumatic stress disorder with depressive features. The injured worker was evaluated by an agreed medical examiner and psychiatry on 11/15/2013 and it was documented that she had participated in psychiatric counseling. The injured worker reported some improvement with this psychiatric counseling. It was noted that the injured worker had not received any counseling since 10/2013. A Physician's Progress Report from the patient's psychologist from 09/30/2013 was provided for review. It was documented that the injured worker had continued physical pain due to the patient's work injury and depression of a variable nature. The injured worker's treatment recommendations included continued treatment to prevent relapse and to increase chances of return to work. It was also documented that the injured worker had participated in approximately 4 months of therapy at that time. A response to Utilization Review Denial was made on 12/09/2013. It was documented at that time that the patient had continued depression emotional deterioration after approximately 1 year of treatment. Continued psychiatric treatment was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY TREATMENT, x20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 HEALTH AND STRESS CHAPTER ; COGNITIVE THERAPY FOR POST-TRAUMATIC STRESS DISORDER (PTSD)

**Decision rationale:** The Official Disability Guidelines (ODG) recommend cognitive behavioral therapy for patients suffering from post traumatic stress disorder for up to 50 sessions if progress is being documented. The clinical documentation submitted for review does indicate that the injured worker has participated in psychotherapy for over a year. However, documentation of functional improvement was not provided. Therefore, the appropriateness of continued treatment cannot be determined. The ODG recommends that each visit provide evidence of symptom improvement to assist with identifying treatment failures so that alterations in treatment strategies can be made. The clinical documentation submitted for review did not provide consistent assessments with evidence of improvement to support continuation of treatment. As such, the requested for psychotherapy treatment, times 20 visits, is not medically necessary or appropriate.