

<b>Case Number:</b>	CM14-0106488		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 licensed in 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 35-year-old female who reported an injury on 11/09/2011, after suffering psychological trauma while performing normal job duties. The injured worker was diagnosed with post-traumatic stress syndrome, and underwent psychological counseling. The injured worker was evaluated on 05/27/2014. It was noted that the injured worker had been able to develop coping mechanisms to deal with severe anxiety attacks and participate in more frequent social interactions. The request was made for continued counseling for 25 visits for post-traumatic stress disorder. A letter of appeal dated 07/09/2014 documented that the injured worker had made significant improvements in ability to participate in social interacting; however, it still had deficits that would require ongoing psychological counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Counseling for 25 visits for PTSD:** Overturned

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

**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, Cognitive therapy for PTSD.

**Decision rationale:** The requested continued counseling for 25 visits for post-traumatic stress disorder is medically necessary and appropriate. Official Disability Guidelines recommend up to 50 visits of post-traumatic stress disorder counseling as an appropriate intervention for severe cases of post-traumatic stress disorder. The clinical documentation submitted for review does indicate that the injured worker's previous therapy provided significant benefit and that the injured worker had continued deficits that would benefit from additional treatment. The treating provider has provided a clear rationale supported by functional deficits to support continued treatment. The documentation does provide treatment goals and supports the need for continued treatment. As such, the requested continued counseling for 25 visits for PTSD is medically necessary and appropriate.