

<b>Case Number:</b>	CM14-0108048		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 48 year-old male [REDACTED] with a date of injury of 2/8/12. The claimant sustained cumulative orthopedic injuries to his back and ankle, which causes radiating pain to his lower extremities. He additionally sustained cumulative trauma to his psyche due to the various incidences he experienced while working as a police officer for the [REDACTED]. In his "Psychiatric PTP Progress Report and Chart Note" dated 7/29/14, [REDACTED] diagnosed the claimant with Posttraumatic Stress Disorder, chronic. The claimant has been receiving both medication management services and psychotherapy since 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 time a week for 24 weeks (24 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 PTSD therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference

for this case. Based on the review of the medical records, the claimant was initially evaluated by ██████████ in March 2012 and has been participating in medication management services since that time. Following ██████████ evaluation in March 2012, the claimant began psychotherapy with psychologist, ██████████. Unfortunately, there were no records/reports from ██████████ included for review. Without having sufficient information regarding prior services including the number of recent sessions, current treatment plan and interventions being used, and the claimant's response to those services, the need for additional sessions cannot be fully determined. Additionally, the request for an additional 24 visits appears excessive given the number of sessions that have likely been completed and it does not provide a reasonable amount of time for reassessment to determine the effectiveness of treatment. As a result, the request for "Psychotherapy 1 time a week for 24 weeks (24 visits)" is not medically necessary. It is noted that the claimant received a modified authorization for 13 additional psychotherapy sessions in response to this request.

**Beck anxiety inventory 1 time every 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 discuss instruments such as the BAI or the BDI therefore, the Official Disability Guideline regarding use of the BDI will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by ██████████ in March 2012 and has been participating in medication management services since that time. Following ██████████ evaluation in March 2012, the claimant began psychotherapy with psychologist, ██████████. Unfortunately, there were no records/reports from ██████████ included for review. Without having sufficient information regarding prior services including the number of recent sessions, current treatment plan and interventions being used, and the claimant's response to those services, the need for additional services cannot be fully determined. Since the need for additional services cannot be fully determined, the request to administer a BAI does not appear to be appropriate at this time. As a result, the request for "Beck anxiety inventory 1 time every 6 weeks" is not medically necessary. It is noted that the claimant received a modified authorization for 1 BAI to be administered mid-treatment and another one to be administered at the end of the authorized treatment in response to this request.

**Beck Depression Inventory 1 time every 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 discuss instruments such as the BAI or the BDI therefore, the Official Disability Guideline regarding use of the BDI will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by [REDACTED] in March 2012 and has been participating in medication management services since that time. Following [REDACTED] evaluation in March 2012, the claimant began psychotherapy with psychologist, [REDACTED]. Unfortunately, there were no records/reports from [REDACTED] included for review. Without having sufficient information regarding prior services including the number of recent sessions, current treatment plan and interventions being used, and the claimant's response to those services, the need for additional services cannot be fully determined. Since the need for additional services cannot be fully determined, the request to administer a BDI does not appear to be appropriate at this time. As a result, the request for "Beck Depression Inventory 1 time every 6 weeks" is not medically necessary. It is noted that the claimant received a modified authorization for 1 BDI to be administered mid-treatment and another one to be administered at the end of the authorized treatment in response to this request.