

<b>Case Number:</b>	CM14-0016889		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 55 year-old male with a date of injury of 10/1/11. The claimant sustained an injury to his head and spine when he and a co-worker were working on the shoulder of a freeway at nighttime and a vehicle traveling at a high speed suddenly crashed into the claimant's work truck. In his 2/7/14 "Treating Psychologist's Objection to Utilization Review Determination and Review of Additional Records", [REDACTED] diagnosed the claimant with Posttraumatic Stress Disorder and Major Depressive Disorder. Additionally, in her 9/17/13 "Initial Neuropsychological Evaluation", [REDACTED] diagnosed the claimant with Major depressive disorder, single episode, moderate and Cognitive disorder NOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIXTEEN GROUP COGNITIVE BEHAVIOR THERAPY SESSIONS: 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:** Based on the review of the medical records, the claimant has been receiving group psychotherapy services weekly to every other week since approximately June 2012. He is diagnosed not only with PTSD and depression, but also with post-concussion syndrome and cognitive disorder NOS. The ODG indicate that the treatment of complex PTSD with depression is much more complicated and that therapy lasting longer than 1 year or at least 50 sessions is more effective than brief, short-term therapy. This can also be said regarding the cognitive treatment of head injury. According to the medical records, the claimant has been benefitting from the services received and has demonstrated some progress and improvement. Although the claimant has already received over 1.5 years of services, the medical records provided for review include information indicating some need for further services. However, the request for an additional 16 sessions appears excessive as it will extend the claimant's services for another 4-6 months without periodic assessment. As a result, the request is not medically necessary and appropriate.