

<b>Case Number:</b>	CM14-0111975		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Child and Adolescent Psychiatry, 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 injured worker is a 40 year old female who was injured at work on 3/14/10. She was assaulted by a patient she was trying to restrain during her mental health care duties. She suffered a left hand fracture as a result. The injured worker later developed symptoms of nightmares, hypervigilance, panic attacks, anxiety, and social withdrawal. She was diagnosed with Post Traumatic Stress Disorder (PTSD). The injured worker was prescribed the psychotropic medications Celexa, Abilify, and Xanax. The injured worker has also undergone psychotherapy for the past two and a half years, most recently using telephonic and Skype sessions, due to the geographic distance between the injured worker and her psychotherapist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy Qty: 16 (once weekly x 4 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES 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 Illness and Stress, Cognitive therapy for PTSD.

**Decision rationale:** The MTUS is not applicable. The Official Disability Guidelines indicate that psychotherapy can be beneficial to individuals suffering from PTSD. Trauma-focused cognitive behavioral therapy is especially useful for individuals with delayed recovery from PTSD, including helping with fear avoidance beliefs. The recommendation includes up to 13-20 sessions over 7 - 20 weeks if progress is being made. The injured worker has already undergone over two years of sessions, which is more than the recommended maximum. Progress has been made, with diminution of anxiety symptoms and fewer panic attacks. In the absence of worsening of clinical symptoms, there is no compelling rationale for additional sessions, so that the request is not medically necessary on that basis.