

<b>Case Number:</b>	CM14-0119653		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/11/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Clinical 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:

Based on the records provided for this independent review, this patient is a 29-year-old male who suffered an attack at work on December 11, 2011. At that time he was working as a night auditor for ██████████ where he was violently assaulted and repeatedly hit to the back of the head to the point of nearly losing consciousness. Treatment progress notes state that he remains angry and short tempered and fearful of losing control, particularly if he sees his assailant. He also remains angry about his work injury and the consequences of the assault on his life. He is experiencing continued symptoms of PTSD which include anxiety about his workplace. There are marital difficulties related to his injury. There are complications in his recovery due to the possibility of neurological sequelae following the attack. There is a note that he has made some progress including working on his anxious avoidance and discussing the traumatic injury. He has been diagnosed with: Post-Traumatic Stress Disorder, recurrent; Depressive Disorder, NOS: Rule out Post-concussion syndrome. A request was made for eight additional psychological treatment sessions to be held one time per week. Of treatment progress note from June 2014 states that the patient continues to experience symptoms of depression including irritability, short temper, anxiety, gastrointestinal (GI) symptoms/appetite changes and symptoms of PTSD. Also that progress has plateaued. The patient is being treated psychiatrically with Paxil and Visteril (for sleep). His symptoms include constant ringing in his ears, burning nasal passages and nosebleeds, severe headaches almost every day, dizziness and feeling spaced out, weight gain and decreased libido, night sweats, constant fatigue, difficulty with cognitions including speech and hearing arithmetic disorientation and confusion, attention and concentration exaggerated startle response difficulty processing information depression and anxiety worry and sadness. There is excessive rumination of his assault. His treating psychologist notes that without psychological care that he may require hospitalization, and that in the past his regressions and his

behavior with interrupted treatment has involved increased depression with angry withdrawal and increasing anger which may result in risk of harm to himself or others. A request for eight additional sessions of psychological treatment was made, and non-certified; this independent review will address a request to overturn that decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotherapy times 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment Guidelines Disability Duration Guidelines 9th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part two, behavioral interventions, psychological treatment; cognitive behavioral therapy Page(s): 101-102, 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, topic psychotherapy guidelines, cognitive therapy for depression; and cognitive therapy for PTSD, June 2014 update.

**Decision rationale:** According to the MTUS guidelines for cognitive behavioral therapy patient may after having an initial trial of 3 to 4 sessions have a maximum of 6 to 10 if the patient is showing the objective functional improvements based on their prior treatment. According to the Official Disability Guidelines (ODG) patients may be offered 13-20 sessions if progress is being made; and in rare cases of severe major depression and/or PTSD combined up to a maximum of 50 sessions may be offered, if progress is being made. I have conducted a comprehensive review of all the medical records as they were provided to me. The patient has at this time had at a minimum 62 treatment sessions. He has, at a minimum, exceeded the absolute maximum number of sessions suggested by the letter dated July 30, 2014 from the patient's primary treating psychologist. The patient has had already 62 sessions of psychological treatment. He has already had at least 12 sessions over the maximum suggested amount. In addition, the patient does not appear to be meeting the criteria for functional improvement which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam; and a reduction in the dependency on continued medical treatment. The patient's need for continued ongoing psychological treatment may be still required, but he has greatly exceeded the number of sessions given to the most severe cases and therefore, the request is not medically necessary.