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| <b>Case Number:</b>   | CM14-0125062 |                              |            |
| <b>Date Assigned:</b> | 08/11/2014   | <b>Date of Injury:</b>       | 07/02/2001 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 07/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2014 |

### 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 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 59-year-old female who reported an injury on 07/02/2001 due to an unspecified mechanism of injury. The injured worker had a history of stress and anxiety with a diagnosis of posttraumatic stress disorder and major depression. No diagnostics were available for review. The medications included Effexor and GABA as needed. No past treatments available for review. The objective findings dated 04/09/2014 revealed the injured worker with an anxiety level of 8/10 using the VAS with increased public contact. The objective findings revealed the injured worker continued to benefit from continued psychotherapy as treatment for anxiety and depression, continued to experience posttraumatic stress symptoms at levels noted above, and continued trying to remove self from perceptive dangerous situations and has altered her normal life activities. The injured worker also tried to avoid challenging situations in which she would experience gang dressed males, Hispanics or not. The treatment plan included psychotherapy every other week. The rationale was to maintain the individual's permanent and stationary condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy Every other week for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practices Guidelines, Elbow disorders, Post Surgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG biofeedback therapy guidelines Page(s): 25.

**Decision rationale:** The request for Psychotherapy every other week for 3 months is non-certified. The California MTUS recommends screening the injured worker with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. Possibly consider biofeedback referral in conjunction with cognitive behavior therapy after 4 weeks. The initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker may continue biofeedback exercises at home. The documentation did not provide any diagnostics or past treatments indicating the need for psychotherapy. The documentation should provide any previous treatment techniques used or duration of treatments, including the number of treatments and pertinent information for reviewer to be able to make a decision. As such, the request is non-certified.