

<b>Case Number:</b>	CM14-0173172		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 61 year-old female with a date of injury of 7/24/12. The claimant sustained injury to her psyche when she was involved in a robbery while working for [REDACTED]. In his PR-2 report dated 8/20/14, [REDACTED] indicated that the claimant is diagnosed with: (1) Posttraumatic stress disorder, chronic; and (2) Depressive disorder, NOS. The claimant has been treating her psychiatric symptoms with psychotropic medications from [REDACTED] and with psychotherapy from [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy 5xwk x 2 wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**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 Cognitive therapy for PTSD Recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD).

Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual

**Decision rationale:** The CA MUS does not address the treatment of PTSD therefore, the Official Disability Guidelines regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the limited medical records, the claimant has been receiving psychotropic medication management services from the treating physician and psychological services from treating physician. It is unclear when those services began. In the most recent PR-2 report submitted for review from treating physician, dated 8/20/14, he notes that the claimant's "anxiety has increased in the last two weeks...and she reports that she has been having nightmares wherein she is being attacked." Despite this increase in some of her symptoms, he writes, "On a positive note...she has been more active. She cuts her grass, prunes her trees, mops, sweeps, and does more house chores. Her most recent result on the PCL-C clearly depicts her progress; it is 18 points lower than her initial PCL-C." In that same report, he requested an additional 5 sessions of psychotherapy. Given this information, it is unclear why there was a request for 10 sessions (5X/week for 2 weeks), which appears excessive given the number of sessions already completed and the information offered in [REDACTED] 8/20/14 PR-2 report. As a result, the request for "Individual Psychotherapy 5xwk x 2 wks" are not medically necessary.