

<b>Case Number:</b>	CM14-0173177		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/03/2014
<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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 53 year old male who was injured in September of last year. The patient has been under the care of a psychiatrist and has been treated with Prozac, evidently with limited results. In Spring of this year, the Prozac was discontinued and Effexor was instituted. He has been in psychotherapy also. He is diagnosed with PTSD. A request for 12 psychotherapy sessions was modified in September of this year to 6 sessions. The provider apparently has requested coverage for an additional 12 psychotherapy visits. The request was reviewed on 10/3 and denied by the previous reviewer due to lack of medical necessity. This is an independent review of the previous request to deny coverage for 12 additional psychotherapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions times 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment. Decision based on Non-MTUS Citation ODG-TWC Mental illness & Stress

**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, Summary of Medical Evidence

**Decision rationale:** Review of the records does not indicate how many sessions the patient has had. However, it appears that he has had at least 6 sessions and his response is not known. The above cited reference recommends up to 50 sessions in patients with PTSD with evidence of improvement. The requested 12 sessions do not allow proper monitoring to establish that the patient is benefitting from treatment. Given this fact and the lack of an indication that the patient has been benefitting from the therapy so far, medical necessity for the requested 12 sessions is not established according to the evidence based Official Disability Guidelines.