

<b>Case Number:</b>	CM14-0022260		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 54 year-old female (██████████) with a date of injury of 5/27/09. The claimant sustained injury to her left hand/wrist, left shoulder, and back when she was involved in a physical altercation with a parent while working for ██████████. It is also reported that the claimant sustained injury to he psyche as a result of the work-related assault. According to treating psychologist, ██████████, the claimant is diagnosed with PTSD. This impression was also offered by ██████████ in his 11/14/13 "Psychiatry AME (Agreed Medical Examination)- Report of Re-Examination". In addition to chronic PTSD (Post-Traumatic Stress Disorders), ██████████ also diagnosed the claimant with insomnia-type sleep disorder and psychological factors affecting medical condition

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEEKLY COGNITIVE BEHAVIORAL PSYCHOTHERAPY TREATMENT TO INCLUDE MEDICATION, TELEPHONE CONSULTATION AS WELL AS PSYCHIATRIC AND SOCIAL SERVICES 1X PER WEEK X20WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, page 127 and Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web based edition.

**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 (Post-Traumatic Stress Disorders).

**Decision rationale:** The CA MTUS does not address the treatment of PTSD (Post-Traumatic Stress Disorders) therefore, the Official Disability Guideline regarding the treatment of PTSD (Post-Traumatic Stress Disorders) will be used as reference for this case. Based on the review of the medical records, the claimant began psychological services with [REDACTED] and/or his colleagues in July 2009. She has received numerous services over the years however, she remains symptomatic. Although the claimant is considered to have reached maximum medical improvement, the request for an additional 20 sessions over 5 months appears excessive as it does not offer a reasonable time period for reassessment of treatment plan interventions and/or treatment goals. Therefore, the request for "Weekly Cognitive Behavioral Psychotherapy Treatment to include Medication, Telephone Consultation as well as Psychiatric and Social Services once a week for 20 weeks" is not medically necessary.