

<b>Case Number:</b>	CM14-0028242		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 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 injured worker is a 31 year old female whose date of industrial injury is 07/01/2008. Her diagnoses are PTSD, panic disorder, and major depressive disorder. She had been experiencing paranoid thoughts in the form of feeling that she was being followed. Current medications include Sertraline, clonazepam, and temazepam. The patient described her supportive psychotherapy with [REDACTED] as very beneficial and she expressed the need to continue seeing him. She stated that he had helped her feel less on edge when going out and more confident in trusting the world. She felt more relaxed and with less pain in her body, less irritable, and more relaxed in her mind with better concentration. [REDACTED] recommended 16 additional psychotherapy visits, the first 8 at twice per week, then the remaining 8 monthly. Symptoms at that time included hypervigilance, nightmares, visual flashbacks, intrusive recollections, exaggerated startle response, feeling uncomfortable in social settings, anxiety, fearfulness, fatigue, crying without good reason, worrying about having a nervous breakdown, depression, reduced ability to concentrate and recall recent events, overemotionality, feeling guilty, inability to stop worrying, inability to relax, reduced interest in usual activities, poor self esteem and sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL OUTPATIENT PSYCHIATRY VISITS 4 TIMES WEEKLY FOR THE NEXT 6 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BEHAVIORAL INTERVENTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY Page(s): 23.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, cognitive behavioral therapy is recommended as an initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) may be recommended. The Official Disability Guidelines recommend up to 13-20 visits over 7-20 weeks of individual sessions if progress is being made. In cases of severe major depression or PTSD up to 50 sessions may be recommended if progress is being made. This patient has been diagnosed with post traumatic stress disorder and major depressive disorder. There is no documentation as to how many psychotherapy sessions she has received to date, or the functional improvement there has been in the symptoms described above, if any, which can be validated based on quantifiable scales. Further, there is no start date delineated in the request for outpatient psychiatry visits. Without these factors, the request for additional outpatient psychiatry visits is not medically necessary and appropriate.