

<b>Case Number:</b>	CM14-0033281		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/04/2001
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 female of unknown age who reported an injury on 09/04/2001 due to work place sexual harassment. The injured worker suffers from anxiety and struggles with surrounding life stressors, unrelated to her work injury. Her diagnosis is post traumatic stress disorder (PTSD) and depression. The injured worker received 11 reported sessions with a physician. There was no evidence of improvement after these sessions; each session focused on stress management with family, finances, body image, and coping with panic attacks. The physician is requesting 2 sessions per week for 3 months for a total of 26 sessions. The request for authorization form and rationale were not provided in this documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Individual Psychotherapy, two (2) sessions weekly for three (3) months; #26 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Psychotherapy, Mental Health and 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 & Stress, Cognitive therapy for PTSD.

**Decision rationale:** The request for additional individual psychotherapy, 2 sessions weekly for 3 months; 26 sessions is not medically necessary. The ODG for individual psychotherapy sessions state 13 to 20 visits over 7 to 20 weeks for PTSD is authorized if progress is being made. In cases of severe depression or PTSD up to 50 sessions are authorized if progress is being made. The injured worker presented no progress with her symptoms during the 11 reported sessions. As such, the request is not medically necessary.