

<b>Case Number:</b>	CM14-0035021		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/11/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 35-year-old male who reported an injury on 12/11/2011 due to an altercation. On 03/05/2014, the injured worker presented on the basis of nightmares, intrusive thoughts, visual flashbacks, hypervigilance, exaggerated startle response notably reduced. Upon examination, the injured worker appears as anxious and dysthymic and functionally more engaged in activities and is highly motivated to perform some type of work. Prior treatments included medications, physical therapy, acupuncture, and psychotherapy. The diagnoses were left shoulder pain, upper back mid pain, low back pain, neck pain, and depression and anxiety due to pain. The provider recommended additional psychotherapy x8 sessions for post-traumatic stress, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional psychotherapy times 8 sessions for post-traumatic stress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, PTSD psychotherapy interventions.

**Decision rationale:** The request for additional psychotherapy time 8 sessions for post-traumatic stress is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The request for psychotherapy x8 sessions exceeds the guideline recommendations. As such, the request is not medically necessary.