

<b>Case Number:</b>	CM14-0040973		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 45 year old female with date of injury of 1/14/2013 with a UR decision date of 3/12/2014. A report dated 12/10/2013 listed that the injured worker was being treated for Post-traumatic stress disorder, chronic and Depressive disorder NOS. It also suggested she was referred to a Psychiatrist in April 2013 and had been treated since then and was being prescribed Viibryd 20 mg and Abilify 2 mg a day. She also takes Cymbalta 30 mg. Her treatment with the Psychiatrist had been helpful, but she was still feeling anxious at times per that report. She also is seeing a Psychologist because of which the injured worker felt that she was gradually improving. The Psychologist report dated 3/21/2014 listed subjective complaints of being responsive to triggers reminding her of the traumatic event, flashbacks, intrusive thoughts, near death experience, avoidance, and anxious mood. She requested physical therapy for unresolved neck/shoulder pain. It was indicated that she was continuing to experience strong response to trigger, physical malaise afterwards and increased anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy and Psychopharmacological Management:** 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 Psychological treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

**Decision rationale:** The injured worker is a good candidate for Psychotherapy treatment for chronic pain and PTSD related to the industrial trauma; however the numbers of sessions are not identified. She has been receiving treatment with a Psychiatrist since April 2013 per the report. The number of and Psychopharmalogical Management sessions is not identified, there is no documentation regarding the goals of treatment, frequency of visits requested etc. The request for unknown sessions of Psychotherapy and Psychopharmalogical Management is not medically necessary.