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| <b>Case Number:</b>   | CM14-0041070 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 12/11/2011 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 04/01/2014 |
| <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:

Injured worker is a 36 year old male with date of injury 12/11/2011. Date of the UR decision was 4/1/2014. Per report dated 3/17/2014, the injured worker was continuing to experience left shoulder pain, about a 7/10 without medications, coming down to a 4/10 or 5/10 with medication. He was being prescribed Norco 10/325 three times daily, Ibuprofen 800 mg twice daily, Wellbutrin XL 150 mg daily, Ambien 10 mg nightly as needed, Xanax 1 mg twice daily and Zoloft 50 mg at night. The injured worker was being weaned off the Xanax per that report. Per report dated 1/15/2014, injured worker was undergoing individual cognitive supportive psychotherapy. Per report dated 3/5/2014, injured worker was reported to be continuing to deal with residual symptoms of posttraumatic stress disorder and anxiety associated with future employment options. He reported 75% subjective improvement in symptoms. Objectively he appeared less anxious and dysthymic per the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight additional psychotherapy sessions for Post Traumatic Stress Disorder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Therapy for PTSD and the ODG, Psychotherapy Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive Therapy for PTSD.

**Decision rationale:** ODG states " Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD).ODG Psychotherapy Guidelines: - Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe major depression or PTSD, up to 50 sessions is recommended if progress is being made."The injured worker has undergone Psychotherapy treatment. There is no mention of how many sessions he has completed so far. He reported 75% subjective improvement. The request for eight additional psychotherapy sessions for post-traumatic stress disorder is not medically necessary based on lack of information regarding the treatment thus far. It is to be noted that the UR physician authorized 6 sessions instead of 8.