

<b>Case Number:</b>	CM14-0093511		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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 claimant is a 53 year-old female [REDACTED] with a date of injury of 4/24/08. The claimant sustained injury to her psyche as the result of workplace stress that included an adversarial employment environment, denied administrative resolution, retaliation from upper management, and an abrupt employment termination. The claimant sustained this injury while working as an LVN for [REDACTED]. In the PR-2 report dated 4/28/14, the claimant is diagnosed with: (1) PTSD; (2) Major depressive disorder; and (3) Generalized anxiety disorder. Additionally, in his "Psychiatric Qualified Medical Examination" dated 2/3/14, [REDACTED] diagnosed the claimant with: (1) Chronic dysthymia; and (2) Major depression, single episode, severe, without psychotic features. The claimant has been treated for her psychiatric symptoms with individual psychotherapy and psychotropic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Weekly Counseling Sessions x 6 Months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Amp; 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 and Stress Chapter Cognitive therapy for PTSD.

**Decision rationale:** The CA MTUS does not address the treatment of PTSD nor depression therefore, the Official Disability Guidelines regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant initially received psychological services from [REDACTED], from May 2008 until November 2009. She resumed services in April 2013 with [REDACTED], and has been receiving weekly sessions since that time. In his "Psychiatric Qualified Medical Examination" dated 2/3/14, [REDACTED] recommended that the claimant continue "weekly psychiatric counseling with current provider [REDACTED], MA MFT for a period of approximately one year." It was also reported within the medical records that the claimant has been court awarded future psychiatric treatment. Given this information, the request for "Continued Weekly Counseling Sessions x 6 Months" is medically necessary.