

<b>Case Number:</b>	CM14-0000048		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Psychiatrist (MD) 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 29 year old female with date of injury 10/7/2011. Date of the UR decision was 12/19/2013. Injured worker witnessed one of the tenants kill themselves in front of her while she worked as a property manager. Per report dated 12/9/2013, the injured worker she presented with subjective complaints of severe anxiety, panic attacks, nightmares and flashbacks related to the incident. She reported initial and terminal insomnia, weight of 80 pounds since the trauma. She underwent inpatient psychiatric hospitalization twice in October and November of 2013. She was being continued Cymbalta 60 mg daily, Risperidal 0.5 mg twice daily, Prazosin 2 mg at bedtime for nightmares and flashbacks and Ativan 0.5 mg on as needed basis for anxiety and panic attacks. She was diagnosed with Post Traumatic Stress Disorder and Compulsive Personality Traits. Fanapt was initiated at that visit. She was continued on rest of the medications and the treatment plan indicated that Cognitive Behavior Therapy was to be continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotropic therapy, once per week for one week:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Office visits, Stress related conditions

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. " Injured worker has been diagnosed with Post Traumatic Stress Disorder and Compulsive Personality Traits and has been prescribed Cymbalta 60 mg daily, Risperidal 0.5 mg twice daily, Prazosin 2 mg at bedtime for nightmares and flashbacks and Ativan 0.5 mg on as needed basis for anxiety and panic attacks and Fanapt. The request for psychotropic therapy, once per week for one week is medically necessary for continued treatment.

**Psychotherapy, once per week for one week is not:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Injured worker has been diagnosed with Post Traumatic Stress Disorder and Compulsive Personality Traits. It has been documented that the injured worker has been in treatment with Cognitive Behavior Therapy. However, there is no clear documentation regarding how many sessions have been completed and any evidence of objective functional improvement from the treatment so far. Thus, the request for psychotherapy, once per week for one week is not clinically indicated based on lack of response from prior treatment.