

<b>Case Number:</b>	CM14-0121375		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Licensed 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 41 year-old female (██████████) with a date of injury of 7/7/11. The claimant sustained injuries to her back and legs as well as to her psyche when an elevator that she was in at work suddenly descended and stopped, followed by a rapid ascent and another drop between 3-4 times. The claimant sustained this injury while working for the ██████████, ██████████. In his 8/6/14 "Request for Treatment Authorization", ██████████ notes that the claimant has been diagnosed with Posttraumatic Stress Disorder, Chronic, with Depressive Features. The request under review is for additional psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual weekly psychotherapy treatment, 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Procedure

**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

**Decision rationale:** The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the limited medical records, the claimant completed an initial psychological evaluation with [REDACTED] in April 2012 and participated in an unknown amount of follow-up psychotherapy sessions with therapist, [REDACTED], MFT. [REDACTED] reports that the services ended in June 2012 due to authorization denials. The claimant was re-evaluated by [REDACTED] in April 2013 and was once again recommended for additional psychotherapy sessions. It appears that the claimant was authorized for additional sessions in 2014 and completed them with Psychologist, [REDACTED]. Although the claimant has been able to demonstrate improvement, per [REDACTED]' 8/6/14 "Request for Treatment Authorization", the request for an additional 20 sessions appears excessive as it does not offer a reasonable period of time for reassessment of treatment plan goals, interventions, etc. Additionally, other than [REDACTED] 8/6/14 report, there was no other psychological documentation to substantiate the request. As a result, the request for "Individual weekly psychotherapy treatment, 20 sessions" is not medically necessary.