

<b>Case Number:</b>	CM14-0185046		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 injured worker is a 55 year-old male (██████████) with a date of injury of 6/3/14. The injured worker sustained injuries to his head, back, neck, left shoulder and psyche as the result of a motor vehicle accident while working for ██████████. In the PR-2 report dated 10/3/14, ██████████ diagnosed the claimant with: (1) Cervical spine strain with radicular pain; (3) Cephalgia; (4) Anxiety; (5) Laceration, left upper arm; (6) Impingement syndrome left shoulder; (7) Thoracolumbar spine strain with radicular pain; and (8) Insomnia. Additionally, in his "Neurological Primary Treating Physician's Progress Report": dated 9/25/14, ██████████ offered the following diagnostic impression: (1) Left labyrinthine concussion; (2) Muscle contraction and vascular headaches; (3) Cervical strain; and (4) Left shoulder strain, rule out internal derangement. In regards to the injured worker's psychological symptoms, ██████████, in his PR-2 report dated 10/7/14, diagnosed the claimant with Posttraumatic Stress Disorder. The request under review is for initial psychotherapy/Cognitive Behavioral Therapy (CBT) sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 CBT (Cognitive Behavioral Therapy) Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**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 medical records, the claimant developed symptoms of PTSD following a motor vehicle accident in June 2014 in addition to injuring his head, back, neck, and left shoulder and experiencing subsequent chronic pain. The request for an initial 16 CBT sessions to treat the injured worker's symptoms of PTSD are based on [REDACTED] recommendations. It is noted that the claimant received a modified authorization for an initial 4 CBT sessions in response to this request. Unfortunately, the ODG recommends an "initial trial of 6 visits over 6 weeks." Given this guideline, the request for "16 CBT (Cognitive Behavioral Therapy) Sessions" is excessive for initial treatment and is therefore, not medically necessary.