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| <b>Case Number:</b>   | CM14-0195436 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 05/31/2011 |
| <b>Decision Date:</b> | 01/15/2015   | <b>UR Denial Date:</b>       | 11/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 Psychologist 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:

According to the provided medical records, this patient is a 48 year old male who reported an occupational injury that occurred on May 31, 2011 while working for the [REDACTED]. Medically, he was diagnosed with second-degree burn of the head, palm, finger and prolonged posttraumatic stress disorder. The injury occurred when he fell into a through a burning roof and landed on a burning pile of debris, despite wearing safety gear he sustained significant burns to multiple body areas including his neck, right here, left hand, right little finger and subsequently developed a MRSA infection while being treated. He had knee surgery due to an injury that was sustained during the accident and the infection returned on his neck. Psychologically, he has been diagnosed with Depression Not Otherwise Specified, Anxiety Not Otherwise Specified, and Posttraumatic Stress Disorder. There is a slightly conflicting diagnosis by his primary treating psychiatrist dated June 6, 2014 noting a diagnosis of Major Depression, Recurrent, Moderate; Anxiety Disorder Not Otherwise Specified; Rule out Posttraumatic Stress Disorder; Rule out Bipolar Type II. He has received psychological treatment including psychodynamic psychotherapy and psychotropic medications such as Wellbutrin and Lamictal. A trial of Abilify was attempted but not successful. Psychiatric symptoms of depression, restlessness and anxiety have continued. His psychological treatment has resulted in significant improvements in functional activity and decreased anxiety. A request was made to have the patient attend 5 days of intensive residential treatment at the [REDACTED], which provides treatment for PTSD for 1st responders. According to a letter from the primary treating psychologist making the request, dated December 10, 2014, the patient meets the criteria for diagnosis of posttraumatic stress disorder and is continuing to experience intrusive thoughts, anxiety, depression, avoidance of triggers, markedly diminished interest in activities that he had enjoyed in the past, irritability, hyper vigilance, sleep disturbance, poor

concentration and other symptoms associated with PTSD. The request for the intensive residential program would be to allow the patient to participate in group therapy and to receive Eye Movement Desensitization and Reprocessing (EMDR). The request was non-certified, the utilization review rationale was stated as: specific services or therapeutic goals to be addressed were not documented, request does not indicate whether the retreat would be supervised by medical professionals or if any medical treatment will be provided. It is unclear if PTSD diagnostic criteria have been met and "further evaluation and testing to rule out other possible contributing diagnoses to the claimant's persistent depression and anxiety symptoms are not documented. Significant current functional deficits are not documented." This IMR will address a request to overturn that decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**5 day x1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topics: EMDR, and group therapy, November 2014 update

**Decision rationale:** The MTUS guidelines are silent with regards to the treatment of PTSD. According to the official disability guidelines (see topics on eye movement desensitization and reprocessing), group therapy) these treatment modalities are recommended as an option. Group therapy should be provided in a supportive environment in which a patient with posttraumatic stress disorder may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD current findings do not favor one particular type of group therapy over others. EMDR is recommended as an option also. Eye movement desensitization and reprocessing is becoming a recognized and accepted form of psychotherapy for posttraumatic stress disorder. With regards to the current request, the patient has received significant amounts of psychological and psychiatric care for his mental health symptoms that have resulted from his occupational injury. While these appear to have been resulting in good benefit for the patient there is continued symptomology and the requested treatment interventions can provide an intensive treatment experience which hopefully will result in improved resolution. Group treatment is the preferred method for PTSD in most cases, and exposure techniques such as EMDR have shown great promise. Because the patient has been properly identified as a patient with PTSD, and has exhibited delayed recovery despite prior treatment the request for an intensive 5 day residential program appears to be appropriate and medically necessary. In contrast to several statements in the utilization review determination, the patient's PTSD symptomology has been adequately established, the requested treatment program appears to utilize qualified staff members, and with PTSD the use of peer groups is appropriate. Because medical necessity of the requested treatment has been established, the request to overturn the utilization review determination for non-certification is approved. Therefore the request is medically necessary.

