

<b>Case Number:</b>	CM15-0004965		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 52, year old male, who sustained an industrial injury on January 10, 2012 with a crush injury to the left lower leg/ankle/foot when a cement truck drove over it by another driver. He underwent surgery which was unsuccessful and suffers from constant pain. Accupuncture with nerve stimulation has made it bearable to allow functioning with low dose hydrocodone, per patient report. His diagnosis is PTSD with symptoms including depression, nightmares, insomnia, and anxiety. He also suffers from hypertension and diabetes. Has periodic suicidal thoughts but no active plan. On 06/25/14 there is reference in an office visit to continuing psychiatric treatment. An office visit note of 11/19/14 indicates that he requires continues aggressive psychiatric treatment and cognitive behavioral counseling 2 X a month, if that cannot be started it was recommended that Cymbalta be added at 30mg, titrating to 120mg, with the addition of Remeron if that is ineffective or if insomnia continues. Medications included Norco, Neurontin, Restoril, Anaprox, and Xanax. Records indicate that the psych treatment has been very beneficial with obvious progression, and that it was very noticeable when his treatment has been interrupted. He was able to sleep without his previously noted night terrors and was able to be more adjusted psychologically post traumatic injury, with less depression and anxiety from reduced pain for 2-3 days. There were seven psychotherapy notes from Dr [REDACTED], PsyD, occurring approximately weekly between 10/21/14-12/09/14, during which time the patient was noted to be more emotionally stable and developing increased insight. According to the utilization review performed on 12/9/2014, the requested 12 continued Psychiatric sessions has been non-certified. The documentation noted that the CA MTUS and ODG recommend

psychotropic medications in the treatment of PTSD, the guidelines do not specifically comment on the frequency of medication management sessions. The submitted documentation does not provide a rationale for the request for 12 sessions of medications management, information regarding the frequency of the sessions being requests, or current information regarding whether the claimant is stable on his medications. Without this information, the request cannot be certified as reasonably necessary.

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

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

#### **12 continued Psychiatric sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference psychiatric sessions. ODG Cognitive therapy for PTSD Recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. (Bisson, 2007) (Deville, 1999) (Foa, 1997) (Foa, 2006) Cognitive therapy is an effective intervention for recent-onset PTSD. (Ehlers, 2003) Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help,

**Decision rationale:** The patient's diagnosis is PTSD. He has been receiving psychotherapy weekly since at least 06/25/14. It is unknown how many sessions to date he has had. There is no evidence of his having been placed on an antidepressant as none of his pain management/orthopedic/psychology notes reference this. The notes from Dr. [REDACTED] are somewhat vague in describing the patient's improvement, describing him as "emotionally stable", nor are there any quantifiable scales (e.g. Beck Inventories) from which to determine objective functional improvement. The request of an additional 12 sessions in the absence of such documentation is not feasible. As such this request is noncertified.