

<b>Case Number:</b>	CM15-0133000		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial injury on 12/16/2011, after witnessing a workplace shooting. The injured worker was diagnosed as having Posttraumatic Stress Disorder, essentially resolved. Treatment to date has included mental health treatment. Currently, the injured worker denied feeling depressed and reported feeling less anxiety than she had in the past, describing current anxiety level as slight. She stated that she hated her current employment and her salary was not as high as her previous employment. She felt angry because she couldn't find a job. She was not taking any medications and did not wish to. She stated that she wished to continue psychotherapy. The treatment plan included additional psychotherapy, eight behavioral therapy sessions to maintain maximum medical improvement. Notes indicate that the patient has had at least 20 therapy sessions previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy (8) behavioral therapy sessions to maintain MMI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for additional psychological treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, there is no documentation indicating what additional treatment goals may remain following the sessions already provided. Additionally, it appears the patient has exceeded the number of psychology sessions generally recommended by guidelines, and there is no documentation of an exacerbation or intervening issue for which further therapy may be indicated. In the absence of clarity regarding those issues, the currently requested psychological treatment is not medically necessary.