

<b>Case Number:</b>	CM15-0138039		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/26/2010
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Psychologist

### 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 36 year old male who sustained an industrial/work injury on 11/26/10. He reported an initial complaint of anxiety. The injured worker was diagnosed as having adjustment reaction, post-traumatic stress disorder and post concussive syndrome. Treatment to date includes medication and psychiatry care. Currently, the injured worker complained of ongoing anxiety. Per the primary physician's report (PR-2) on 6/11/15, medication use (buspirone 15 mg and lamotrigine 150 mg) had improved his mood, decreased anxiety, and helped him to continue work. Current plan of care included evaluation by a psychologist for his continued anxiety. The requested treatments include 8 sessions of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of psychotherapy:** Overturned

**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 (Cognitive therapy for PTSD) (2015).

**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: Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from [REDACTED] for a period of time. In a report dated 3/24/15, [REDACTED] recommended that the injured worker receive 6-8 psychotherapy sessions. However, it does not appear that this was requested. In the report dated 6/11/15, [REDACTED] yet again recommended psychological services and suggested the completion of 8 psychotherapy sessions, for which the request under review is based. The ODG recommends the use of CBT in the treatment of PTSD and recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Although the injured worker has been receiving psychiatric medication management services, he has not participated in any recent psychotherapy treatment. As a result, the request for an initial 8 psychotherapy sessions appears reasonable and is therefore, medically necessary. It is noted that the injured worker received a modified authorization for 2 psychotherapy sessions in response to this request. Therefore the treatment is medically necessary and appropriate.