

<b>Case Number:</b>	CM15-0147920		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/02/2015
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: 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:

This 53-year-old male sustained an industrial injury to the right shoulder during an assault on 1-2-15. The injured worker underwent right shoulder rotator cuff repair on 4-9-15. Additional treatment consisted of physical therapy and medications. During a psychological consultation dated 6-23-15, the injured worker reported symptoms of re-experiencing, avoidance and hyper-arousal. The injured worker complained of frequent nightmares and auditory flashbacks. The injured worker was diagnosed with post-traumatic stress disorder. The physician noted that the incidence met criteria for a life-threatening event. The applicant's ongoing chronic pain symptoms served as an inescapable reminder of the assault, frequently triggering visual and auditory memories. The physician noted that the injured worker had previous traumatic exposures from his prison guard work. The physician recommended psychotherapy once a week for fifteen weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, one session a week for 15 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/ Cognitive therapy for PTSD.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). ODG states "Cognitive therapy for PTSD is 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). ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per the guidelines, the injured worker suffers from posttraumatic stress disorder secondary to the assault in which he encountered physical and emotional injuries and is a candidate for an initial trial of psychotherapy. However, the request for Psychotherapy, one session a week for 15 weeks exceeds the MTUS and ODG guideline recommendations for an initial trial as quoted above. Thus, the request is not medically necessary.