

<b>Case Number:</b>	CM15-0193800		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 63-year-old female, who sustained an industrial injury on 7-12-2007. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder. On 7-1-2015, the injured worker reported anxiety and restless sleep in regards to returning to work at the end of the month. The Primary Treating Physician's report dated 8-14-2015, noted that the objective findings and treatment plan were based on the date of 7-1-2015 when the injured worker was last seen. The injured worker had been on medical leave since 11-2014 for a severe foot and ankle injury, and was fearful regarding the work environment, dating back to the original incident on 7-12-2007 in which she was molested at work. The Provider noted that she had worked with the injured worker since 2011, with the injured worker's symptoms of chronic posttraumatic stress disorder including sleep disturbance, intruding thoughts, anxiety, and hypervigilance. The injured worker was noted to have been working with the provider in a therapeutic relationship for four years, working on reducing anxiety symptoms, and stabilizing thought processes. The Provider noted they had seen improvement in the intensity of intruding thoughts and reduction in nightmares, and recommended weekly therapy for one hour for 20 sessions. The injured worker was noted to be instructed to report to full duty on 8-31-2015. The request for authorization dated 8-12-2015, requested a retrospective request for psychotherapy-trauma resolution 1 x week x 20 weeks (dates of service unknown). The Utilization Review (UR) dated 9-4-2015, non-certified the request for a retrospective request for psychotherapy-trauma resolution 1 x week x 20 weeks (dates of service unknown).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for psychotherapy/trauma resolution 1 x week x 20 weeks (dates of service unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**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: PTSD Psychotherapy Interventions.

**Decision rationale:** Based on the review of the medical records, the injured worker has been participating in psychotherapy with [REDACTED], for the past 4 years for the treatment of PTSD. In the 8/14/15 report, [REDACTED] reports that the injured worker remains symptomatic and is in need of additional treatment. The request under review is for an additional 20 psychotherapy sessions. In the treatment of severe PTSD, the ODG recommends "up to 50 sessions, if progress is being made." Given the fact that the injured worker has had ongoing therapy for over 4 years, the request for an additional 20 sessions is excessive and far beyond the ODG recommendations. As a result, the request for an additional 20 psychotherapy sessions is not medically necessary.