

<b>Case Number:</b>	CM15-0198435		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 53 -year-old male who sustained an industrial injury on 8-6-2009. Diagnoses related to this request have included chronic posttraumatic stress disorder and psychological factors affecting physical condition. On 7-11-2015 a psychologist evaluated the injured worker determining a need for psychiatric treatment and recommended 15 sessions of psychotherapy including cognitive behavioral therapy. His diagnostic tests resulted in a GAF score of 66, and the psychologist noted symptoms of depression and anxiety were present as part of his posttraumatic stress disorder diagnosis. It is stated that the injured worker has not had therapy, but is being treated with Cymbalta. On 7-16-2015 the physician states that, based on recommendations at a recent psychological examination, the injured worker is in need of seeing a clinical psychologist for psychotherapy including cognitive behavioral therapy. 8 sessions are recommended with additional sessions depending on response of the injured worker. This was requested to also include some family involvement. This request was modified to 4 psychotherapy visits on 9-10-2015. The injured worker is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight psychotherapy visits to include cognitive behavioral therapy, 1 visit per week for 8 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral therapy (CBT).

**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 completed an AME psychological evaluation with [REDACTED] on 7/11/15. In the report, [REDACTED] notes that the injured worker has never received any psychiatric treatment and diagnosed him with PTSD with mild residuals, recommending 15 CBT sessions. The request under review, for 8 CBT sessions, is based upon this recommendation. In the treatment of PTSD, the ODG recommends "up to 13-20 sessions, if progress is being made." Based on this guidelines, the request for an initial 8 sessions appears reasonable. As a result, the request is medically necessary. It is noted that the injured worker received a modified request for an initial 4 CBT sessions in response to this request.