

<b>Case Number:</b>	CM15-0207676		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 9-24-14. The injured worker is diagnosed with anxiety disorder with symptoms of post-traumatic stress disorder. His work status is modified duty with permanent work restrictions. Notes dated 7-23-15- 9-16-15 reveals the injured worker presented with complaints of chronic neck and low back pain and phobic anxiety associated with driving a vehicle. He reports visual flashbacks regarding the accident, intrusive unwanted recollections of the motor vehicle accident, hypervigilance, exaggerated startle response, sympathetic hyper-responsiveness when exposed to symbolical or actual representation of the motor vehicle accident, sleep disturbance, fear of driving and avoidant behaviors. He reports symptoms of depression, poor concentration, attention and recent memory and excessive guilt. Examinations dated 7-2-15, 7-23-15 and 9-16- 15 revealed improvement in anxiety symptoms regarding riding or driving a vehicle. His mood appeared anxious, but improved. No suicidal ideations, plan or intent, speaking speed ranged from slowed to accelerated, no evidence of obvious psychotic perceptual disorder, no loosening of associations and thought progression in content was appropriate. He appeared to have fair to good insight into the emotional consequences of his current adjustment limitations. Treatment to date has included pain medications, psychotherapy including exposure therapy and desensitization therapy. Diagnostic studies include head CT scan. A request for authorization dated 8-25-15 for 16 psychotherapy sessions is modified to 7, per Utilization Review letter dated 9-19-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**16 psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, 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 / Cognitive therapy for PTSD.

**Decision rationale:** 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.) The injured worker has been diagnosed with post-traumatic stress disorder and has completed 13 sessions of psychotherapy so far. The guidelines recommend a total of up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The request for additional 16 psychotherapy sessions exceeds the guideline recommendations and thus is not medically necessary.