

<b>Case Number:</b>	CM15-0022183		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/22/1988
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 75-year-old male who reported an injury on 09/22/1988, due to an unspecified mechanism of injury. On 12/19/2014, he presented for a follow-up evaluation regarding his panic attacks and agoraphobia. The documentation indicates that the injured worker had been treated psychologically since at least 2001. It was noted that he felt more stable when seen regularly and addressing his ongoing challenges and family, and with his anxiety. His psychiatric examination showed that he was casually dressed for weather and appeared his stated age, with good grooming, and pleasant and cooperative. His speech was somewhat halted at times, with disrupted rhythm, and volume was normal throughout the process. His thought process was logical, linear, and goal directed. His associations were noted to be tight. His mood and affect were noted to be bright and engaging, and consistent with the content. He was diagnosed with PTSD, and had a GAF of 55. A request was made for individual psychotherapy, CBT counseling every 2 weeks. The rationale for treatment was to continue treating his psychological symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy-CBT Counseling every 2 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (MTUS), 2009, Behavioral interventions, page 23. Official Disability Guidelines, (ODG) Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California MTUS Guidelines indicate that behavioral interventions are for at risk people, and that physical medicine for exercise instruction should be used initially. A CBT referral should be obtained after 4 weeks if there is a lack of progress from physical medicine alone. The documentation provided indicates that the injured worker is responding well to his behavioral intervention. However, there is a lack of documentation regarding how many sessions he has attended. Without this information, additional sessions would not be supported. Also, there is a lack of evidence showing that he has any significant psychological stressors from the last evaluation. Furthermore, the number of sessions being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.