

<b>Case Number:</b>	CM15-0023341		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 45 year old male, who sustained an industrial injury on 04/29/2013. The diagnoses have included post-traumatic stress disorder and major depression. Noted treatments to date have included psychotherapy and medications. No diagnostic testing noted in received medical records. In a progress note dated 01/20/2015, the injured worker presented with complaints of depression, panic, and trauma. The treating physician reported the injured worker needing a higher level of care for severe depression. Utilization Review determination on 01/27/2015 non-certified the request for Outpatient Intensive Outpatient Program 3 times (3x) per week for five (5) weeks citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient intensive program 3 times per week for 5 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment, see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, psychotherapy guidelines, February 2015 update.

**Decision rationale:** According to the provided medical records, the patient had a comprehensive psychological evaluation June 4, 2014. The patient was working as a loss prevention officer at [REDACTED] and reported experiencing racial difficulties and hostility at the worksite. On the date of injury he was in the process of apprehending a man who committed credit card fraud with four other people involved, when he was violently assaulted. The man who attacked him got away. He suffered a facial contusion, a loose tooth, anxiety and difficulty sleeping and workplace difficulties. Severe depression rage and anger with suicidal thoughts and fear of the public have been noted. The medical necessity of the request for an intensive course of psychological treatment 3 times a week for a period of 5 weeks was not established by the documentation provided. Although the patient is experiencing significant clinical symptomology some of which appears to predate the current industrial injury being treated. The MTUS and official disability guidelines do make an allowance for continued psychological treatment up to a maximum of 50 sessions total from the date of the start of treatment in some cases of severe depression or PTSD if progress in treatment is being made. It is not clear how many sessions in total the patient has been provided already to date. Also there is inadequate documentation of patient progress as a result of prior treatment sessions. Continued psychological treatment is contingent upon all of the following 3 factors being present: patient symptomology, documentation of patient benefit objectively measured functional improvement, and that the total quantity of sessions conforming with guidelines. Although significant patient symptomology appears to be present, the total sessions and improvement are not adequately addressed. An intensive course of psychological treatment is not supported as being medically necessary in contrast to a standard course of treatment despite intense patient symptomology. Although extended sessions beyond the standard 13-20 can be offered in cases of severe PTSD and this may be appropriate in this case, the request for an intensive course of psychological treatment over a period of 5 weeks is not substantiated as medically reasonable or necessary. Therefore, the utilization review determination for non-certification is upheld.