

Case Number:	CM15-0212564		
Date Assigned:	11/02/2015	Date of Injury:	09/09/2012
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male, who sustained an industrial injury on 9-9-2012. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, posttraumatic stress disorder, status post assault with multiple traumas, and post-concussion syndrome. On 9-19-2015, the injured worker reported continuing to improve with improved mood but still had extended episodes of intense stress and anger during which he was barely able to maintain self-control. The Treating Provider's report dated 9-19-2015, noted the injured worker reported calming down quicker when a dog was present which had been therapeutic for him, being less anxious over the period and recognizes when cognition became catastrophic. The examination was noted to show the injured worker with a mild irritable mood with reactive affect with good insight and improved judgment. Therapy sessions were noted to have focused on identifying cognition underlying rapid anger acceleration and modifying with adaptive coping thought to self-calm. Prior treatments have included psychological treatments and Norco. The treatment plan was noted to include improved mood and post trauma symptoms through active coping with supportive exposure and cognitive-behavioral therapy. The provider requested authorization for a service dog to help the injured worker lower arousal in social situations and improve self-calming when stressed. The request for authorization dated 9-19- 2015 requested a service dog. The Utilization Review (UR) dated 10-2-2015, non-certified the request for a service dog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Service dog: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 & Stress, Post-traumatic stress disorder and Other Medical Treatment Guidelines O'Haire ME, Guérin NA, Kirkham AC. Animal-Assisted Intervention for trauma: a systematic literature review. *Frontiers in Psychology*. 2015; 6:1121.

Decision rationale: The claimant sustained a work injury in September 2012 with multiple trauma, postconcussive syndrome, and post-traumatic stress disorder (PTSD) and secondary depression and anxiety as the result of an assault. He is also being treated for mid back, left knee, and head pain with treatments including physical therapy, acupuncture, and medications. Ongoing treatments for PTSD include cognitive behavioral therapy. When seen, he was continuing to improve. He was having ongoing extended episodes of intense stress and anger and noted that he calmed down quicker when a dog was present and that this had been therapeutic for him. Physical examination findings included a mildly irritable mood and reactive affect. Continued cognitive behavioral therapy was planned. Authorization is being requested for a service dog. ODG recommends treatments for PTSD. A service dog is not a recommended treatment. Research into the use of animal assisted intervention includes a low level of methodological rigor in most studies and further research is needed. The request cannot be accepted as being medically necessary.