

<b>Case Number:</b>	CM15-0035520		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 52 year old male, who sustained an industrial injury on 11/28/2006. The diagnoses have included post traumatic stress disorder and major depressive disorder. Noted treatments to date have included psychotherapy and medications. No MRI report noted in received medical records. In a progress note dated 12/10/2014, the injured worker presented with complaints of worry and nervousness associated with frequent thoughts regarding his future. The treating physician reported that with medication and techniques the injured worker has learned at the office, he has been able to maintain an overall emotional stability. However, he continues to have an irregular sleep pattern and the injured worker reported fear and panic for his life since his injury. Utilization Review determination on 01/30/2015 non-certified the request for Psychotherapy: Group Therapy 1x/wk and Psychotherapy: Individual Therapy 2x/wk citing Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy; group therapy 1 time a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression; Cognitive therapy for PTSD.

**Decision rationale:** MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with post traumatic stress disorder and major depressive disorder and has undergone treatment with psychotherapy. However, there is no clear documentation regarding the number of sessions completed so far or any evidence of objective functional improvement from the prior treatment. The request for psychotherapy; group therapy 1 time a week also does not indicate the number of sessions being requested. Based on the lack of this information, the request for psychotherapy; group therapy 1 time a week is not medically necessary.

**Psychotherapy; Individual therapy 2 times a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression; Cognitive therapy for PTSD.

**Decision rationale:** MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with post traumatic stress disorder and major depressive disorder and has undergone treatment with psychotherapy. However, there is no clear documentation regarding the number of sessions completed so far or any evidence of objective functional improvement from the prior treatment. The request for individual therapy 2 times a week also does not indicate the number of sessions being requested. Based on the lack of this information, the request for individual therapy 2 times a week is not medically necessary.

