

<b>Case Number:</b>	CM15-0043906		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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:

This 61 year old female sustained a work related injury on 07/13/2011. According to a partially legible progress report dated 02/13/2015, the injured worker was crying, shaking, hopeless and helpless. The injured worker was positive for suicidal ideation. Treatment plan included Emergency Department now. According to a progress report dated 02/13/2015, the injured worker presented to the Emergency Department with symptoms of anxiety and depression. Ineffective treatments included anti-anxiety medications. Associated symptoms included anhedonia, anxiety, appetite change and fatigue. She was having difficulty sleeping. Symptoms had worsened over the past few days. The injured worker was medically cleared to see mental health that arranged for her to be transferred to a mental health facility. According to a hospital discharge summary dated 02/19/2015, the injured worker was referred for increasing level of depression and post-traumatic stress disorder. The injured worker had worked at a prison as a nurse for 5 years but was sexually assaulted by an inmate. Past history included hypertension, chronic low back pain, history of tachycardia, paroxysmal atrial fibrillation, incomplete right bundle branch block, right TMJ following an injury and HSV-2 following the assault. Prognosis was poor to fair. She was discharged on Prozac, Prazosin, Ativan and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly individual psycho therapy (24 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Chapter Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to struggle with psychiatric symptoms related to the work-place assault. She has been participating in psychotherapy with [REDACTED] for the last few years. According to [REDACTED] appeal letter from February 2015, the injured worker had completed a total of 97 psychotherapy sessions post injury. Although it is evident that the injured worker requires continued treatment, the request for an additional 24 sessions (once weekly for 6 mos.) is excessive as it does not offer a reasonable time period for reassessment of treatment goals, interventions, etc. As a result, the request for an additional 24 weekly sessions is not medically necessary.