

<b>Case Number:</b>	CM15-0046858		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 53-year-old male who sustained a work related injury on November 8, 2011, incurring injuries to his shoulders, left arm, left thumb and right hand. All fingers of the right hand had been amputated. Treatment included multiple surgeries, pain medications, physical therapy and anti- depressants. Currently, the injured worker complained of overall ongoing pain from his injuries, including increased pain in the left and right shoulder, thumb, hand and abdomen. He also complained of depression. Authorization was requested for individual psychotherapy weekly for eight weeks, family psychotherapy alternate weeks for six weeks and family psychotherapy weekly for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy-weekly x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Cognitive therapy for PTSD.

**Decision rationale:** ODG states, "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-therapy. ODG Psychotherapy Guidelines: 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 allowed if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker suffers from Post Traumatic Stress Disorder and has completed >90 individual psychotherapy sessions. Thus, the request for another 8 sessions, i.e. individual psychotherapy weekly x 8 is excessive and not medically necessary.

**Family psychotherapy-alternate weeks x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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

**Decision rationale:** ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-therapy. ODG Psychotherapy Guidelines: 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 allowed if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker suffers from Post Traumatic Stress Disorder and has completed >90 individual psychotherapy sessions. Thus, the request for further psychotherapy treatment is not clinically indicated. The request for Family psychotherapy-alternate weeks x 6 is excessive and not medically necessary.

**Family psychotherapy-weekly x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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

**Decision rationale:** ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-therapy. ODG Psychotherapy Guidelines: 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 allowed if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker suffers from Post Traumatic Stress Disorder and has completed >90 individual psychotherapy sessions. Thus, the request for further psychotherapy treatment is not clinically indicated. The request for Family psychotherapy-weekly x 2 is excessive and not medically necessary.