

<b>Case Number:</b>	CM15-0058471		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 33-year-old male, who sustained an industrial injury on 11/08/2013. He has reported injury to the neck, nose, teeth, neck, right shoulder, right elbow, and right wrist. The diagnoses have included cervical degenerative disease; cervical radiculitis; severe headaches; shoulder sprain/strain; post-traumatic stress disorder (PTSD); and status post right shoulder surgery. Treatment to date has included medications, diagnostic studies, chiropractic, psychotherapy, physical therapy, and surgical intervention. A progress note from the treating physician, dated 02/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of struggling with hypervigilance, reactivity, and obsessiveness. Objective findings included stable mood, improved from outset; and PTSD trigger responses are reduced. The treatment plan has included the request for residence in program x1 week (PTSD Retreat).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Residence in program x1 week (PTSD Retreat) quantity: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for PTSD.

**Decision rationale:** ODG states "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-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. (Bisson, 2007) (Deville, 1999) (Foa, 1997) (Foa, 2006) Cognitive therapy is an effective intervention for recent-onset PTSD. (Ehlers, 2003) Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD". 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 if progress is being made. Based on the patient's history of assault, PTSD and documentation provided by the patient's mental health providers the above guidelines have been met. The patient has benefited greatly from therapy in the past and the program specializes in first responders and police officers with PTSD so this program would allow the patient to continue to develop tools to stabilize his PTSD symptoms. As such the request for Residence in program x1-week (PTSD Retreat) quantity: 1.00 is medically necessary.