

<b>Case Number:</b>	CM15-0238544		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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 26-year-old female sustained an industrial injury on 3-25-14. Documentation indicated that the injured worker was receiving treatment for posttraumatic stress disorder. The injured worker was receiving ongoing psychotherapy with weekly cognitive behavioral therapy. In a PR-2 dated 7-7-15, the physician noted that the injured worker had significantly increased anxiety as the injured worker anticipated testifying in court. The injured worker reported sleeping no more than three hours a night and that she had a nervous stomach with no appetite. In a Pr-2 dated 11-3-15, the injured worker reported that she was proud that she had gone to court and testified. The injured worker had since gone to a wedding and [REDACTED]. The injured worker was exercising daily and reading to keep her mind stimulated. The physician noted that the injured worker continued to struggle with anxiety and depression. The injured worker was extremely hyper vigilant when away from home and easily startled. The injured worker had received 49 sessions of cognitive behavioral therapy. In a supplemental report dated 11-16-15, the injured worker stated that she was doing "okay". The injured worker was stated that emotionally every day was a little different, sometimes easily angered and sometimes okay. The injured worker stated that stress caused increased anxiety and sometimes tearfulness but most days she was doing better. The injured worker was frustrated because she did not know what she wanted to do with her future. Objective findings were documented as "she is well-groomed, she is not any imminent stress to herself or others, she denies any nightmares and she was appropriate with her history and emotion". The physician's assessment was assault with posttraumatic stress disorder that remains symptomatic but seems to be improving. The treatment plan included continuing weekly

cognitive behavioral therapy counseling. On 12-1-15, Utilization Review noncertified a request for cognitive behavioral therapy - 10 sessions on a weekly basis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cognitive behavioral psychotherapy - 10 sessions on a weekly basis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**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 has completed 49 of 50 authorized sessions of psychotherapy with psychologist, [REDACTED]. In the 11/3/15 progress report, [REDACTED] indicated that the injured worker had made significant improvements however, she remains symptomatic. [REDACTED] recommended an additional 10 weekly psychotherapy visits. The request under review is based upon this recommendation. In the treatment of severe PTSD, the ODG recommends "up to 50 visits, if progress is being made." Although the injured worker remains symptomatic despite having made progress over the past year, she has received the total number of recommended sessions set forth by the ODG. With the request for additional sessions, there does not appear to be any changes in the treatment plan about tapering of services in preparation for maintenance and eventual termination. As a result, the request for an additional 10 weekly CBT psychotherapy sessions is not medically necessary.