

<b>Case Number:</b>	CM14-0125344		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 54 year-old female [REDACTED] with a date of injury of 5/27/09. The claimant sustained bodily injury as well as injury to her psyche as the result of an altercation with a student's parent. The claimant sustained this injury while working for the [REDACTED]. In his "RFA" form and "Summary for Independent Medical Review" both dated 8/21/14, the provider diagnosed the claimant with: Post-traumatic stress disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy 1 session per week for 20 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and the American Psychiatric Association Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Post-traumatic Stress Disorder

**Decision rationale:** The CA MTUS does not address the treatment of Post-traumatic stress disorder (PTSD), therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD as well as the American Psychiatric Association Practice Guideline in the Treatment of

Patients with Acute Stress Disorder and Post-traumatic Stress Disorder. Based on the review of the limited medical records, the claimant has been receiving psychotherapy and psychotropic medications for several years to treat her psychiatric symptoms. In "Summary for Independent Medical Review" both dated 8/21/14, report stated that the claimant had been treating with psychologist until his death in September 2012. Following psychologist's passing, the claimant transferred her. It is reported that the claimant did not receive treatment from early 2013 through June 2013 due to AME recommendations. Since June 2013, the claimant has been receiving ongoing psychotherapy services. However, the claimant continues to experience intermittent exacerbations of her symptoms without long-term stability. Given the claimant's chronic condition and the amount of psychotherapy that she has already received, it is unclear from the report what treatment plan changes have been made during the years to accommodate the claimant's chronicity of symptoms. It would be assumed that she would be in the maintenance phase of treatment however; it does not appear that she is in maintenance phase treatment as the request under review is for weekly sessions. Lastly, it is noted that the claimant has been receiving group therapy, which "consists of 60-90 minute sessions, two or three times a month" and recommends "a course of 20 additional sessions" however, the request under review is for weekly individual psychotherapy. Given the amount of years receiving treatment without consistent stability from the claimant, the request for additional 20 weekly sessions of individual psychotherapy appears excessive and more of the same. As a result, the request for "Individual Psychotherapy 1 session per week for 20 weeks" is not medically necessary.