

<b>Case Number:</b>	CM14-0138251		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Texas. 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 injured worker is male of unknown age with the reported date of injury on 08/30/2010. The injury reportedly occurred while the injured worker was shooting a commercial as a boxer. His diagnoses were noted to include post-traumatic stress disorder and traumatic brain injury. His previous treatments were noted to include psychological treatment. The progress note dated 09/15/2014 revealed the injured worker had symptoms of headache, ringing in the ear, difficulty concentrating, sensitivity to light, noise, and smell. The injured worker also experienced slow thinking and was diagnosed with a concussion. Post-traumatic stress disorder symptoms included anxiety, sleep disturbance, nightmares, intrusive recollections, flashbacks, increased arousal, a sense of impending doom, outbursts of anger, hypervigilance, and intense psychological distress when exposed to external cues that resembled aspects of the traumatic event. The request for authorization form was not submitted within the medical records. The request was for 8 individual psychotherapy sessions for post-traumatic stress disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Individual psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**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, Cognitive Therapy for PTSD

**Decision rationale:** The request for 8 individual psychotherapy sessions is not medically necessary. The injured worker was diagnosed with PTSD and traumatic brain injury. The Official Disability Guidelines recommend cognitive therapy for PTSD as there is evidence that individual trauma-focused cognitive behavioral therapy/exposure therapy, stress management and group therapy are very effective in the treatment of post-traumatic stress disorder. Cognitive behavioral programs, including exposure therapy, are currently the treatment of choice for PTSD. The guidelines recommend in cases of severe major depression or PTSD, up to 50 sessions if progress is being made. There is a lack of documentation of improved quality of life or physical and mental health due to previous psychotherapy sessions. Additionally, the documentation provided indicated the injured worker had had 46 sessions and the request for 8 additional sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.