

<b>Case Number:</b>	CM14-0166681		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Board Certified 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 61 year-old female (██████████) with a date of injury of 7/10/09. The claimant sustained injury to her psyche as well as bodily injury when the bank she worked at was held up by robbers and she ran outside and fainted, causing her to fall to the ground. The claimant sustained this injury while working as a bank teller for ██████████. In her RFA dated 8/27/14, ██████████ diagnosed the claimant with PTSD. The claimant has been receiving psychotherapy services from ██████████.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychotherapy, weekly through 10/30/2014 (8 sessions):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Chapter Cognitive therapy for PTSD 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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the treatment of PTSD therefore; the Official Disability Guidelines (ODG) regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience psychiatric symptoms related to PTSD. The Utilization Review Determination letter indicated that the claimant has been participating in psychotherapy intermittently for several years. It stated, "twenty-seven sessions 2009-2010; psychotherapy times 20 sessions approved 5/27/13 thru 11/26/13; Psychotherapy times twenty six sessions approved 02/12/2014 through 06/25/14." It appears from [REDACTED] most recent reports, that the claimant has been engaging in fairly consistent, weekly therapy since November 2013 with some slight improvements in functioning. Given the fact that the claimant remains symptomatic despite some progress, the need for additional psychotherapy sessions is warranted. The ODG indicates that for "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or fifty sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of twenty three trials." Given this guideline, the request for "Outpatient psychotherapy, weekly through 10/30/2014 (8 sessions)" is medically necessary.

**Additional outpatient psychotherapy through 11/30/2014 (6 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Chapter Cognitive therapy for PTSD 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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the treatment of PTSD therefore; the Official Disability Guidelines (ODG) regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience psychiatric symptoms related to PTSD. The Utilization Review Determination letter indicated that the claimant has been participating in psychotherapy intermittently for several years. It stated, "Twenty-seven sessions 2009-2010; psychotherapy times twenty sessions approved 5/27/13 thru 11/26/13; Psychotherapy times twenty six sessions approved 02/12/2014 through 06/25/14." It appears from [REDACTED] most recent reports, that the claimant has been engaging in fairly consistent, weekly therapy since November 2013 with some slight improvements in functioning. However, despite these small improvements, the claimant remains symptomatic. The ODG indicates that for "extremely severe

cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or fifty sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Given this information, additional sessions are warranted. However, the request under review is redundant to a prior request as both are asking for additional sessions. Therefore, the request for "Additional outpatient psychotherapy through 11/30/2014 (6 sessions)" is not medically necessary.