

<b>Case Number:</b>	CM14-0197595		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Psychologist (PHD, PSYD) 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 injured worker is an unknown aged female with a date of injury of 12/16/11. The injured worker sustained injury to her psyche as the result of a shooting while working. She has been receiving psychological treatment since shortly after the work-related incident. She has been receiving psychotherapy from, [REDACTED], and psychotropic medications from psychiatrist, Dr.. In his "Treating Physician's Determination of Medical Issues" dated 10/14/14, Dr. diagnosed the injured worker with Post-Traumatic Stress Disorder, Acute. He also added a rule out of Depressive Disorder. The request under review is for an additional 12 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY QTY: 12: 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 Cognitive therapy for PTSD

**Decision rationale:** The CA MTUS does not address the treatment of PTSD therefore; the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference

for this case. Based on the review of the limited medical records, the injured worker has been participating in psychotherapy with Ms. for quite some time. The records submitted indicate a total of 18 individual psychotherapy sessions from 5/9/14-10/28/14 and 9 group therapy sessions from 5/7/14-8/27/14. In her 10/28/14 report, treating therapist, noted that the injured worker's mood was "depressed" and that she "continues with anxiety symptoms. Affect is sad." There are no notes of objective functional improvements achieved from the sessions. Although Ms. indicates that the injured worker is "motivated in therapeutic process and continues to utilize cognitive behavioral techniques to manage anxiety and depressive symptoms", there is no other information to explain how the skills are being utilized and in what areas of the injured worker's life have been improved and/or have been stabilized as a result of utilizing the skills learned. Without more information, the need for an additional 12 psychotherapy sessions cannot be fully determined. As a result, the request for "Psychotherapy Qty: 12" is not medically necessary. It is noted that the injured worker received a modified authorization for 4 psychotherapy sessions in response to this request.