

<b>Case Number:</b>	CM14-0211811		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/19/2005
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Emergency Medicine

### 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 a 53-year-old female who reported an injury on 03/19/2005. The mechanism of injury was a bus flipped over. The current medications were noted to include fentanyl 12 mcg per hour patch applied to the skin every 72 hours, mirtazapine 15 mg 1 tablet at bedtime, gabapentin 600 mg at bedtime, Prozac 20 mg 2 tablets daily, and Claritin 10 mg 1 daily, and Excedrin twice a day. Prior therapies included physical therapy and cognitive behavioral therapy as well as a functional restoration program. The surgical history was noncontributory. The diagnoses were noted to include post-traumatic stress disorder, cervical disc displacement without myelopathy, unspecified major depression, recurrent episode, and brachial neuritis. The documentation of 10/24/2014 revealed the injured worker continued to suffer symptoms of PTSD which, although were slightly better, made it difficult to engage in any activity that required driving on the highway. The injured worker had been treated with a combination of cognitive behavioral therapy and pharmacotherapy which was proven to be somewhat effective, and it was noted to allow the injured worker to be more stable and there was noted to be a continuation of working with the injured worker with the ultimate goal of stabilizing symptoms so the injured worker could become more functional. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up sessions with psychiatrist times 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office visits

**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 & Stress Chapter, Cognitive behavioral therapy (CBT)

**Decision rationale:** The California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine guidelines do not address cognitive behavioral therapy for post-traumatic stress disorder. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for post-traumatic stress disorder, up to 50 sessions are appropriate if progress is being made. The clinical documentation submitted for review indicated the injured worker had made progress; however, there was a lack of documentation indicating the quantity of sessions previously attended. Additionally, there was a lack of documentation to support a necessity for an additional 6 sessions. Given the above, the request for follow-up sessions with psychiatrist times 6 sessions is not medically necessary.