

<b>Case Number:</b>	CM15-0011142		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas  
 Certification(s)/Specialty: Psychologist

### 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 38-year-old male who reported an injury on 10/08/2013. The mechanism of injury was a motor vehicle accident. His diagnoses include post-traumatic stress disorder. His past treatment has included fixation of a femoral neck fracture, cervical decompression and fusion, left total knee arthroplasty, epidural steroid injections, physical therapy, cervical traction, and 11 psychotherapy sessions. On 12/16/2014, the injured worker presented for psychotherapy. It was noted that he had received 11 psychotherapy treatments addressing his PTSD and related mood disorder. It was noted that the injured worker continued to experience difficulty achieving and maintaining sleep, intrusive thoughts, motor vehicle related anxiety, speech difficulties, increased agitation/frustration, and difficulty with relationships. Therefore, recommendation was made for additional sessions of psychotherapy to address his PTSD related difficulties and assist him to return to gainful employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy x 12-18 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, Head Chapter, Cognitive Therapy

**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, Cognitive therapy for PTSD.

**Decision rationale:** According to the Official Disability Guidelines, up to 13 to 20 visits of psychotherapy over 7 to 20 weeks may be recommended for PTSD if progress is being made. In cases of severe PTSD, up to 50 sessions may be appropriate with evidence of progress. The clinical information submitted for review indicated that the injured worker had completed 11 psychotherapy sessions for his PTSD and had remaining psychological deficits. However, the documentation failed to provide an adequate evaluation with evidence of significant functional improvement and objective psychological test scores showing improvement. Therefore, additional psychotherapy sessions are not supported. In addition, the request for 12 to 18 sessions is excessive without reassessment to established continued improvement prior to continuing treatment. As such, the request is not medically necessary.