

<b>Case Number:</b>	CM15-0015964		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/24/1995
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male who sustained an industrial injury on May 24, 1995. He has reported side effects of medications and has been diagnosed with post traumatic shock disorder, depression, and panic disorder. Treatment has included medications and psychological care. Currently the injured worker has complained of depressed mood with flashbacks. The treatment plan has included neuro-cognitive testing and medications. On January 13, 2015 Utilization Review non certified medication management/psychotherapy for post traumatic shock disorder, medication management/psychotherapy for major depression, and medication management/psychotherapy for panic disorder citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management/Psychotherapy for 2015 for PTSD QTY: 24.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 105-127 Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress chapter, Psychodynamic psychotherapy

**Decision rationale:** The patient presents with neck pain, Post Traumatic Stress Disorder (PTSD) and major depression. The request is for 24 SESSIONS OF PSYCHOTHERAPY FOR PTSD in 2015. ODG guidelines, under PTSD Chapter, recommend psychotherapy for the treatment of PTSD. The lists of psychotherapy criteria are: a. Most commonly involves one to two meetings per week and can be relatively short-term (10 to 20 sessions) and focal or long-term lasting years and open ended; b. Sessions usually last 45 to 50 minutes and, although they average once a week, may be held more or less frequently depending on the patient's needs and tolerance; c. Can be conducted individually, in groups, or in family settings on an inpatient or outpatient basis. ODG guidelines, under Cognitive therapy for depression, recommend up to 50 sessions psychotherapy in case of severe Major Depression or PTSD with progress. In this case, the utilization review letter on 01/13/15 indicates that the patient has had psychotherapy at least 3 years of twice monthly without functional benefit. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. There are no documentations indicating that the patient needs focal or long-term therapy either. The current request for 24 combined with previous sessions for 3 years would exceed what is recommended per ODG guidelines. The request of 24 sessions of psychotherapy for PTSD IS NOT medically necessary.

**Medication management/Psychotherapy for 2015 for Major depression, Rec, Sev QTY: 24.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 105-127 Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress chapter, Cognitive therapy for PTSD

**Decision rationale:** The patient presents with neck pain, Post Traumatic Stress Disorder PTSD-- and major depression. The request is for 24 SESSIONS OF PSYCHOTHERAPY FOR MAJOR DEPRESSION in 2015. ODG guidelines, under PTSD Chapter, Cognitive therapy for depression, recommend psychotherapy initial trial of 13-20 psychotherapy visits over 7-20 weeks, and with progress, up to 50 sessions. In this case, the utilization review letter on 01/13/15 indicates that the patient has had psychotherapy at least 3 years of twice monthly without functional benefit. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. The current request for 24 combined with previous sessions for 3 years would exceed what is recommended per ODG guidelines. The request of 24 sessions of psychotherapy for major depression IS NOT medically necessary.

**Medication management/Psychotherapy for 2015 for panic disorder QTY: 24.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 105-127 Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress chapter, Cognitive therapy for PTSD

**Decision rationale:** The patient presents with neck pain, Post Traumatic Stress Disorder ?PTSD- and major depression. The request is for 24 SESSIONS OF PSYCHOTHERAPY FOR PANIC DISORDER in 2015. ODG guidelines, under PTSD Chapter, Cognitive therapy for panic disorder recommends 12-14 sessions, conducted on a weekly basis. In this case, the utilization review letter on 01/13/15 indicates that the patient has had psychotherapy at least 3 years of twice monthly without functional benefit. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. The current request for 24 by itself would exceed what is recommended per MTUS guidelines. The request of 24 sessions of psychotherapy for panic disorder IS NOT medically necessary.