

<b>Case Number:</b>	CM15-0122425		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 57 year old male who sustained a work related injury January 23, 2012, with multiple traumatic exposures while working in law enforcement, culminating in his shooting and killing an armed suspect. According to a primary treating psychologist report February 11, 2015, the injured worker presented with an exacerbation of anxiety and depression subsequent to recent news reports of officer-involved shootings. He was treated for PTSD (posttraumatic stress disorder) and a major depressive disorder with 4 additional therapy sessions. A primary treating psychologist progress report, June 1, 2015, revealed the injured worker had used 4 sessions; completed journaling, decreased alcohol intake, focusing on one day at a time, and began a jujitsu class with his grown son. He reports tearfully to having renewed memories and emotions of fatally shooting a suspect and "why it happened to me". Diagnoses are posttraumatic stress disorder; major depressive disorder; alcohol abuse. Treatment plan included to continue with physician for psychopharmacological decisions, and at issue, a request for authorization for additional CBT (cognitive behavioral therapy) sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT additional 4-5 sessions to assist patient with additional stabilization:** 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), Mental Illness & Stress regarding Cognitive therapy for PTSD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Cognitive therapy for PTSD.

**Decision rationale:** ODG states: "Cognitive therapy for PTSD is 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. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with post traumatic stress disorder; major depressive disorder; alcohol abuse and has been treated so far with at least 8 cognitive behavior therapy sessions with some functional improvement. The request for CBT additional 4-5 sessions to assist patient with additional stabilization is medically necessary as guidelines recommend Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Will respectfully disagree with UR physician's decision as the request is for additional 4-5 sessions total rather than monthly as was described in UR decision. Therefore, the request is medically necessary.