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| <b>Case Number:</b>   | CM15-0123625 |                              |            |
| <b>Date Assigned:</b> | 07/08/2015   | <b>Date of Injury:</b>       | 12/15/2011 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2015 |

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of December 15, 2015. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve requests for a posttraumatic stress disorder service dog and three to four followup visits. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. In a neuropsychological evaluation dated March 3, 2015, it was suggested that the applicant was no longer working. On July 7, 2015, the applicant presented to follow up on issues with posttraumatic headaches and post concussion syndrome with associated symptoms of migraines, sleep disturbance, memory difficulties, and visual disturbance, it was reported. The applicant was receiving Botox injections. The applicant was on Wellbutrin, testosterone, Prilosec, Zocor, Zanaflex, candesartan, and Cambia, it was reported. Repeat Botox injections were sought. The applicant was asked to continue Nuedexta. Multiple other medications were renewed and/or continued. The applicant was asked to follow up with ophthalmology. The applicant was asked to follow up in six weeks. On May 13, 2015, the applicant received multiple trigger point injections and an occipital nerve block for ongoing issues of migraines. The applicant was on Nuedexta, Zocor, Prilosec, testosterone, BuSpar, Zanaflex, candesartan, and Zyprexa, it was reported. The applicant's BMI was 28. The applicant's work status was not detailed. On May 15, 2015, the applicant's psychologist noted that the applicant could not return to work owing to issues with poor attention span, difficulty concentrating, headaches, psychological stress, and insomnia. In an April 20, 2015 progress note, the applicant was described as using testosterone, Zocor, Nuedexta, Prilosec, BuSpar, Zanaflex, and candesartan, it was reported. The applicant had received extensive psychotherapy, it was suggested. The treating provider and/or applicant's

wife wondered whether the applicant could benefit from a service dog for PTSD. It was stated the applicant had been deemed 100% disabled owing to issues with fatigue, anger, mood disturbance, and malaise.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PTSD (post traumatic stress disorder) Service Dog: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ptsd.va.gov/public/treatment/cope/dogs\_and\_ptsd.asp].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.ptsd.va.gov/public/treatment/cope/dogs\\_and\\_ptsd.asp](http://www.ptsd.va.gov/public/treatment/cope/dogs_and_ptsd.asp), VA » Health Care » PTSD: National Center for PTSD » Public » Dogs and PTSD, PTSD: National Center for PTSD, Dogs and PTSD, Clinically, there is not enough research yet to know if dogs actually help treat PTSD and its symptoms. Evidence-based therapies and medications for PTSD are supported by research. We encourage you to learn more about these treatments because it is difficult to draw strong conclusions from the few studies on dogs and PTSD that have been done.

**Decision rationale:** No, the request for a post-traumatic stress disorder (PTSD) service dog was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Veterans Administration (VA) notes that, clinically, there is not enough evidence of know if dogs actually help to treat post-traumatic stress disorder or its symptoms. The VA encourages applicants to employ evidence-based therapies and medications for PTSD. Here, the attending provider did not clearly state why more conventional treatments such as the psychotropic medications suggested by the Veterans Administration would not suffice here. Therefore, the request was not medically necessary.

#### **3-4 follow ups, boosters with specialist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Plus Guidelines - Follow up visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** Yes, the request for three to four follow up visits was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow up visits should be dictated by the severity of an applicant's symptoms. Here, the applicant apparently had longstanding issues with post-traumatic stress disorder, mood disturbance, etc. On April 20, 2015, the applicant was described as using a variety of psychotropic medications, including BuSpar, Nuedexta, etc. The applicant was off of work from a mental health perspective. Three to four follow up visits were, thus, likely indicated here, owing to the applicant's ongoing mental health issues and ongoing usage of psychotropic medications. The follow up visits in question, thus, were indicated, for medication management

and/or disability management purposes. Therefore, the request was medically necessary.