

<b>Case Number:</b>	CM15-0129736		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: 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 32 year old male who sustained an industrial injury on 1/4/14 when he thought a person pointed a gun at him. Of note, he has had prior instances in 2006 and 2007-2008 where he was shot at while performing his duties as a bus driver. After the 2014 incident a passenger tried to board the bus with a machete. At the age of 14 he was admitted to a psychiatric hospital for using inhalants. He currently complains of stomach pain, socially isolated, difficulty sleeping, difficulty making decisions, difficulty communicating and controlling emotions and impulses. In addition he was sad, tired, irritable, fearful, nervous, anxious, depressed and helpless. He has no energy and feels like crying. Objectively he was over-talkative, displayed a sad/anxious mood, body displayed tension and restlessness. Medications were Nexium, cyclobenzaprine, Xanax. Diagnosis was posttraumatic stress disorder. Treatments to date include diagnostic psychiatric evaluation; psychiatric group therapy; brief series of individual psychotherapy sessions which did offer him coping strategies. In the progress note dated 6/5/15 the treating provider's plan of care included a request for individual psychotherapy one time per week for four months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy, 1 time a week for 4 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**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 and Stress Chapter: Cognitive Therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in October 2014. He began follow-up psychological services including individual and group psychotherapy/hypnotherapy shortly after the evaluation. The most recent PR-2 reports included for review, dated 4/24/15 and 6/5/15, present information regarding the injured worker's continued symptoms as well as treatment recommendations. The 6/5/15 report recommended additional individual psychotherapy 1Xweek for 4 mos., additional group therapy/hypnotherapy 1Xweek for 4 mos. and a psychiatric evaluation. The request under review is based upon these recommendations. Unfortunately, although the injured worker would likely benefit from additional treatment, the submitted documentation fails to identify the number of treatment sessions completed to date nor the progress and improvements that have been made as a result of services. The ODG recommends that "in severe cases of Major Depression or PTSD, up to 50 sessions, if progress is being made." It further suggests that "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." Without sufficient information from the provider regarding number of completed sessions to date nor the progress that has been demonstrated, the request for additional treatment is not medically necessary.