

<b>Case Number:</b>	CM15-0038186		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 40 year old female who sustained an industrial injury on 12/12/2014, when she was sexually assaulted and held against her will. Diagnoses include post-traumatic stress disorder secondary to a work-related injury, sprain/strain of knee/leg -right, and sleep disturbances. Treatment to date has included medications, knee brace, and physical therapy. A physician progress note dated 02/03/2015 documents the injured worker has nightmares, depressed mood, visual flashbacks, exaggerated startle response, sleep disturbance, avoidance behavior marked by social withdrawal, and reduced self-esteem assessment. Her right knee is painful and she has difficulty going up and down stairs. Treatment requested is for Psychotherapy x 24 visits. On 02/16/2015 Utilization Review modified the request for Psychotherapy x 24 visits to 4 visits and cited was ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 24 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, behavioral interventions.

**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 is in need of psychological services. However, the ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of PTSD. As long as there is documented objective functional improvements made from the completed sessions, additional treatment can be provided. Given this information, the request for an initial 24 visits greatly exceeds the CA MTUS recommendation. As a result, the request for psychotherapy X 24 visits is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy visits in response to this request.