

<b>Case Number:</b>	CM15-0041634		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 49-year-old male, who sustained an industrial injury on 4/2/2013. He reported falling over 30 feet and landing on his back, injuring his back, feet, legs, right arm, elbow and wrist. Diagnoses have included L4 lumbar fractures status post decompression and fusion, multiple rib fractures, right foot calcaneal fracture and metatarsal fracture, left foot metatarsal fracture and compression of the calcaneus with external fixation, severe fractures involving the right elbow and right wrist, comminuted fracture of the right tibia status post rodding, left knee instability due to ligamentous injury, diminished mobility of activities of daily living skills, post traumatic stress disorder, pain disorder and major depression, single episode, moderate. Treatment to date has included multiple surgeries, physical therapy and medication. According to the psychological consult/report dated 2/4/2015, the injured worker complained of flashbacks and intrusive recollections to the traumatic fall. He reported being irritable and tended to get angry easily. He also reported an extreme sense of loss. The injured worker was in a wheelchair and was able to transfer himself to a regular chair. He wore a brace on his left knee. The injured worker was noted to sigh on several occasions and his eyes welled up with tears. Results from psychological testing revealed an anxious/depressed individual. Authorization was requested for 12 sessions of either one-hour psychotherapy or combination appointment of 25 minutes consult and 30 minutes psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions Either 1 Hour Psychotherapy Or Combination Appointment 25 Minute Consult & 30 Minute Psychotherapy: 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) Psychotherapy Guidelines.

**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 treating psychologist, [REDACTED], in February 2015. In his evaluation report, [REDACTED] presents appropriate and relevant information to substantiate the need for follow-up psychological services for the injured worker. However, the ODG recommends an initial trial of 6 visits over 6 weeks for the cognitive treatment of PTSD. Based on this guideline, the request for an initial 12 psychotherapy sessions or combination consult and psychotherapy sessions exceeds the recommendations and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for an initial 6 psychotherapy sessions in response to this request.