

Case Number:	CM13-0028385		
Date Assigned:	12/18/2013	Date of Injury:	01/04/2011
Decision Date:	10/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Licensed in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old male with a 1/4/11 date of injury, when a 6-ton container ran over the patient's right hand, fracturing it in 9 places. The patient underwent 3 hand surgeries. The patient was seen on 4/14/13 with complaints of chronic pain in the right hand, arm, shoulder, neck and head. The patient had evidence of depression that played a role in the maintenance and exacerbation of his real physical pain. The note dated 6/14/13 indicated that the patient accomplished 7 psychotherapy sessions. The patient reported nightmares related too the injury. The patient continued to practice relaxation; breathing and he tried to challenge dysfunctional attitudes about his limitations. After 10 sessions of the therapy the patient felt that the treatments have helped, however he continued to have feelings of low self-esteem and intense nightmares. The diagnosis is depression, multiple fractures of hand bones and pain disorder associated with chronic pain and psychological factors. Treatment to date: 10 sessions of individual psychotherapy. An adverse determination was received on 9/12/14. The request for Individual Medical Psychotherapy x 12 sessions was modified to 6 sessions given that the patient underwent 10 sessions of psychotherapy and additional 6 sessions would be beneficial for the patient. Additional certification of 6 sessions would require evidence of objective and subjective functional progress and the need for skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions Of Individual Medical Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The patient accomplished 10 sessions of the individual psychotherapy with improvement, however he still suffered from low self-esteem and nightmares related to the injury. While the patient has had improvements with these sessions and still has some psychological deficits; the rationale for 12 sessions is unclear. In addition, the UR decision dated 9/12/14 certified an additional 6 sessions for the patient, hence he will be continuing his psychological treatment and can be reassessed at that time. Therefore, the request for 12 additional sessions of individual medical therapy was not medically necessary.