

Case Number:	CM13-0029220		
Date Assigned:	04/02/2014	Date of Injury:	01/24/2010
Decision Date:	04/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/25/2013

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 Board Certified in Psychology and is licensed to practice in Texas. 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:

The patient is a 53-year-old male who reported injury on 01/24/2010. The mechanism of injury was noted to be the injured worker was loading an aluminum block with the help of a fork lift, the block broke loose causing lacerations on his arm, bruises all over his body and a crushed left foot. The injured worker underwent a 5th digit left foot amputation and FLAP in 02/2010, left foot plantar area surgery in 2011 and a left foot neuroma removal in 01/2012. The injured worker was treated with physical therapy and medications. The injured worker's diagnoses include post-traumatic stress disorder. Documentation of 08/15/2013 revealed the injured worker had functional improvement, reduced anxiety, depression, and PTSD scores on psychometric testing. The injured worker was doing home-based exercises on a regular basis and socializing regularly. It was indicated the patient was using less pain medication and was pursuing vocational exploration activities. The recommendation was continuation of 6 visits of individual therapy, relaxation trending, systematic desensitization, medication, cognitive therapy and biofeedback for post traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY, TWO(2) TIMES THREE(3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive behavioral therapy (CBT), posttraumatic stress disorder (PTSD) psychotherapy intervention

Decision rationale: The California MTUS Guideline addresses cognitive behavioral therapy. However, do not address it for post traumatic stress disorders. As such, secondary guidelines were sought. Per Official Disability Guidelines (ODG), cognitive behavioral therapy for cases of posttraumatic stress disorder (PTSD) is appropriate for up to 50 sessions if progress is being made. The documentation of 08/15/2013 revealed the injured worker had functional improvement, reduced anxiety, depression, and PTSD scores on psychometric testing. The injured worker was doing home-based exercises on a regular basis and socializing regularly. It was indicated the patient was using less pain medication and was pursuing vocational exploration activities. The clinical documentation submitted for review indicated the injured worker had been under treatment for post-traumatic stress disorder and/or depression since 2012, however there was a lack of documentation indicating the quantity of sessions the injured worker had attended. Without this information, conclusions cannot be made about the length of treatment or appropriateness of the request. Therefore, the request for psychotherapy 2 times 3 is not medically necessary.