

Case Number:	CM13-0063112		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2012
Decision Date:	03/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology 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 physician 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 reports a date of injury of 7/5/12. According to medical records, the patient sustained injuries to his left ankle and foot and right low back when he was removing a sprayer from a tractor and the heavy, metal tong of the sprayer fell, landing on the patient's left leg and foot. He received extensive fractures and soft tissue damage eventually leading to necrosis and amputation along mid tarsal joint. He has been treated with medication, physical therapy, and surgery. In his 10/7/13 "Comprehensive Complex Podiatric Medical-Legal AME Evaluation", [REDACTED] diagnosed the patient with: (1) Transmetatarsal amputation, left foot; (2) Moderate left-sided limp/antalgic gait without list; (3) Range of motion deficit right subtalar; and (4) Hypoesthesia/dysesthesias medial and lateral plantar nerves. Additionally, the patient has sustained injury to his psyche secondary to his work-related physical injury. In the 7/10/13 "Agreed Medical Psychiatric Examination", [REDACTED] diagnosed the patient with Posttraumatic stress disorder and Major depressive disorder, moderate, without psychotic features. Most recently on her 12/9/13 PR-2 report, treating psychiatrist, [REDACTED] diagnosed the patient with adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 Cognitive Behavioral Therapy sessions: 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), Cognitive Behavioral Therapy (CBT) guidelines, Mental Illness & Stress.

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 & Stress.

Decision rationale: The CA MTUS does not address the treatment of depression or PTSD therefore, the Official Disability Guidelines regarding the cognitive behavioral treatment of both depression and PTSD will be used as reference for this case. Based on the medical records, 12 sessions of CBT were authorized between 9/20/13-11/24/13, but it is unclear whether the patient completed any of those sessions as there is no corresponding documentation. In her 12/9/13 progress note, [REDACTED] wrote, "Recommended to see a therapist to start therapy." Based on the lack of documentation and [REDACTED]' statement, it is assumed that the patient has not participated in any psychotherapy to date. Although psychotherapy was previously authorized, the request for psychotherapy sessions appears premature as there has been no psychological evaluation conducted that would present a clear diagnostic picture and offer relevant and appropriate treatment recommendations. Without a psychological evaluation, the need for future psychotherapy cannot be fully supported. As a result, the request for "1 Prospective Request for Twelve (12) Cognitive Behavioral Therapy Sessions" is not medically necessary.