

Case Number:	CM14-0108097		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2007
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 Psychologist 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 injured worker is a 54-year-old male who reported an injury on 07/10/2007 due to a crushing injury to the left lower extremity. The injured worker was diagnosed with left below the knee amputation, thoracic and lumbar spasms, phantom limb pain to rule out CRPS, insomnia, vertigo, syncope of unknown origin, status post stump revision, and history of stump abscess x 2. Prior treatments included postsurgical physical therapy and reconditioning, psychiatric sessions including family counseling, and medications. The injured worker underwent a below the knee amputation on 12/14/2010 following a series of infections. The review of medical records dated 12/04/2013 noted the injured worker was seen on 10/08/2013 and a Global Assessment of Functioning of 53 corresponding with a 26% Whole Person Impairment, an 8% Whole Person Impairment due to his hypoactive sexual desire, and a 9% Whole Person Impairment regarding the sleep study. The injured worker scored a 39 on the Beck Depression Inventory II in 01/2013. He scored a 41 on the Beck Anxiety Inventory and an 8 on the Epworth Sleepiness Scale. He scored high on 2 Post-Traumatic Stress Disorder scales. The MMPI-2, Battery for Health Improvement-II, and Millon Clinical Multi-Axial Inventory III were consistent indicating serious clinical depression requiring psychotropic medications. He qualified for a diagnosis of major depressive disorder. The physician indicated the injured worker was diagnosed with major depressive disorder, chronic adjustment disorder with depression and anxiety, pain disorder associated with psychological and general medical factors, and posttraumatic stress disorder, insomnia, and hypoactive sexual desire disorder. The physician notes family and marital therapy, psychotropic medications, and a psychiatrist would be needed as part of the treatment plan. A total of 21 psychiatric sessions took place from 11/19/2013 through 05/06/2014. The physician recommended the injured worker continue his medications and follow-up with his group therapy and counseling clinic. The physician will also continue evaluation for any

potential injuries to the left knee surgical site. The physician was requesting psychotherapy 1 time per week for 6 to 8 weeks to help with normalizing pain as well as psychotropic medications to relieve the injured worker's symptoms. The request for authorization form was signed on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x per week for 6-8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, page 23 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, PTSD Psychotherapy Interventions.

Decision rationale: The request for psychotherapy 1 time per week for 6 to 8 weeks is non-certified. The California MTUS guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Official Disability Guidelines state psychotherapy for Post-Traumatic Stress Disorder is recommended. The Guidelines recommend up to 13 to 20 visits over 7 to 20 weeks of individual sessions if progress is being made. The provider should evaluate symptom for improvement during the process, so treatment failures can be identified early, and alternative strategies can be pursued if appropriate. The injured worker has completed at least 21 sessions of psychotherapy. The physician noted improvement with each session stressing ways to cope and seeing progress at each session. However, there is a lack of documentation indicating a psychological assessment was performed after the psychotherapy sessions were completed. There is a lack of documentation demonstrating the injured worker has had improvement in psychological testing scores with psychotherapy. As such, the request is not medically necessary.