

Case Number:	CM14-0132548		
Date Assigned:	08/25/2014	Date of Injury:	12/05/2013
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 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:

According to the records that were provided for this independent review this injured 21 year old male worker reported and occupational injury that occurred on December 5, 2013 during his normal work duties for [REDACTED]. The injury reportedly occurred when a formax machine while he was making hamburger patties misfired causing him to sustain a crush injury to his hand that resulted in the amputation left small finger and extensor tendon on the ring finger. There is considerable nerve damage resulting in pain with even the slightest movement and range of finger motion has not returned. Prior psychological treatment has resulted in an improvement in his mood and a better range of motion. Reports feeling depressed, that others look at them differently because he is disfigured and that he is: "not the same person." He has frequent flashbacks of the accident and states that when he wakes up he sees his hand and is reminded of what happened. His self-esteem is lowered, he feels hyper alert, hypersensitive and is isolating socially. He had plans to join the [REDACTED] and had already gone through the physicals prior to the accident but is unable to enlist out. He is having financial difficulties as a result of the injury as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter Topic, Cognitive Behavioral Therapy

Decision rationale: The IMR request is for an unspecified number of sessions of group psychotherapy. It is not entirely clear if this is a request for additional sessions or if it is for a start of a new type of treatment. It appears that there were some treatment sessions that the patient has been given but those may have been an individual format. The specific details and progress notes from those sessions were not included in the medical records. Continued treatment is contingent on the patient showing objective functional improvement in his sessions and not solely on symptomology. Objective functional improvement is defined as a reduction in work restrictions and dependency on future medical care as well as an increase in activities of daily living. According to the official disability guidelines, after an initial trial of 3 to 4 sessions (MTUS) or up to six sessions (ODG) evidence of objective functional improvements must be assessed, and if progress is being made additional treatment sessions up to a maximum of 13-20 can be offered for most patients, and in cases of severe psychological disturbance including PTSD symptoms (which may apply to this patient) additional treatment sessions can be offered up to 50 maximum if progress is being made. The progress has to be assessed on an ongoing basis during the course of treatment. There was not sufficient documentation provided to demonstrate the medical necessity of this request. Although the medical records show that this patient may need further psychological treatment, the current request was inadequate to meet guideline recommendations. The current request for group psychotherapy is not medically necessary based on a non-specific request and insufficient documentation.