

<b>Case Number:</b>	CM14-0135425		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 this case involves a 20-year-old female who reported an industrial/occupational work-related injury on August 17, 2013 while working for [REDACTED]. The accident reportedly occurred when the injured worker was working in the back area to make salsa when the tomato crushing machine became stuck. She turned it off and inserted her hand into the machine which at that point the handle fell on her hand cutting the tip of her fingers. She reports dull, moderately severe, chronic pain in her left hand/fingers. The patient reports having intermittent, moderately severe, nightmares and insomnia as a consequence of the injury most nights, more often than not. The pain is also described in subsequent reports as numbness and burning radiating from the tip of the middle finger towards her palm. She reports psychologically, that her energy level is very low, her libido is low, and that she has gained about 60 pounds since the accident because she is over eating. That by eating food it's helping to distract her from her anxiety and thoughts about the accident. She has been diagnosed with posttraumatic stress disorder, and reports constant thinking about the accident, recurrent nightmares about the machine, anxiety when thinking about visiting her former place of employment where the injury occurred, and hypervigilance to sudden sounds. The results of a back depression inventory placed her in the category of severe depression. A request was made for six sessions of psychotherapy, the request was not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy QTY: 6:** Overturned

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

**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: PTSD (Posttraumatic Stress Disorder) Psychotherapy Interventions, June 2014 update.

**Decision rationale:** The utilization review rationale for non-certification of this treatment request was that the quantity of sessions was exceeding the MTUS treatment guidelines, which specify that an initial treatment block should be provided to ensure that the patient responds to the treatment and should consist of 3 to 4 sessions. Subsequent sessions can be authorized up to a maximum of 6 to 10 if the patient responded to the initial set of sessions. While this is a technically correct decision, after reviewing the patient's medical chart the Official Disability Guidelines (ODG) psychotherapy guidelines for posttraumatic stress disorder psychotherapy interventions is more applicable to this particular patient. This is an initial treatment request for a patient who is 19 years old and has never had any prior psychological treatments or a prior history of psychological illness. The ODG psychotherapy guidelines specify that patients may have up to 13-20 visits over a 7-20 weeks (individual sessions), if progress is being made. Furthermore, the ODG state that "studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality-of-life indices do not change as markedly within a short duration psychotherapy as to symptom-based outcome measures." Allowing the patient to have six sessions as an initial trial rather than for sessions is appropriate because of her age and the diagnosis of PTSD as she is exhibiting symptoms of with nightmares and avoidant behavior as well as hypervigilance. Therefore, this request is medically necessary.