

Case Number:	CM14-0020821		
Date Assigned:	04/30/2014	Date of Injury:	07/11/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Licensed 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 injured worker is a 36-year-old female who reported an injury on 07/11/2012. The mechanism of injury was not specifically stated. The current diagnoses include costochondritis, open fracture of the radius/ulna, closed fracture of the distal end of the femur, open fracture of the proximal tibia, open fracture of the proximal fibula, open bimalleolar fracture, closed fracture of the right cuneiform bone, contracture, head injury with subdural hemorrhage, depression with anxiety, and post-traumatic stress disorder. The injured worker was evaluated on 12/02/2013. The injured worker reported persistent pain over multiple areas over the body as well as depression, difficulty sleeping, poor appetite, and activity limitation. The injured worker was actively participating in psychological therapy. Previous conservative treatment also includes an epidural steroid injection and rest. Physical examination revealed a flat affect, a poor outlook, positive pain behaviors, and an antalgic gait. Treatment recommendations at that time included continuation of psychological management for depression and post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OUTPATIENT PSYCHOTHERAPY: 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(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS Guidelines utilize Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The injured worker has completed an unknown amount of psychotherapy sessions to date. There is no evidence of objective functional improvement. The injured worker continues to report depression, difficulty sleeping, poor appetite and a lack of enjoyment of daily activities. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.