MAXIMUS Federal Services

Case Number:	CM14-0037441		
Date Assigned:	06/25/2014	Date of Injury:	08/17/2010
Decision Date:	07/28/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 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:

The claimant is a 30 year-old male [redacted] with a date of injury of 8/17/10. The claimant sustained injury to his psyche when he assisted a forklift driver with moving a pallet weighing approximately two tons. The driver lost control of the pallet and it began to fall. In an attempt to avoid being hit by the pallet, the claimant jumped out of the way and in doing so, hit his head on a brick wall. The pallet also fell on top of the claimant's left leg. The claimant sustained the orthopedic and psyche injuries while working for [redacted]. In a "Workers' Compensation Pain Management Progress Repost" dated 6/12/14, [redacted] diagnosed the claimant with Complex regional pain syndrome of the left lower extremity and Pain in limb. Additionally, in a PR-2 report dated 2/17/14, [redacted] diagnosed the claimant with: (1) Tension headaches, anxiety and distress, sleep difficulties; (2) Partial meniscal tear, left knee per MRI; and (3) Status post fx it tibia & fibula, vascular injury. The claimant has been treated via medications and pain management, injection, multiple surgeries, and skin grafting. It is also reported that the claimant developed psychiatric symptoms as a result of his work-related injury. In his "Psychological Testing Report- Permanent and Stationary" dated 11/19/13, [redacted] wrote, "The results of the psychological tests suggest that [the claimant] continues to report clinical symptoms of anxiety and depression." He further stated, "The test data supports the patient's complaints, his subjective perception of improvement and my diagnostic and clinical impression." Despite this statement, no diagnosis was offered. This was the only record from [redacted] included for review. In the UR determination letter dated 2/26/14, a diagnosis of PTSD was listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1X week X 6 months: Upheld

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

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 and Stress ChapterPTSD psychotherapy interventions.

Decision rationale: Based on the review of the medical records, the claimant continues to experience chronic pain. It is noted that he also continues to experience psychiatric symptoms however, there was only one report from [redacted] offered for review. In his "Psychological Testing Report- Permanent and Stationary" dated 11/19/13, [redacted] offers the claimant's results of some psychological tests, but does not offer any information about the claimant's psychotherapy services to date, nor the progress made from those services. Without knowing how many sessions have been completed and the progress/improvements from those sessions, the need for additional services cannot be fully determined. Additionally, the request for "Individual Psychotherapy 1X week X 6 months" for a total of 24 sessions appears excessive as it does not allow for a reasonable period for reassessment of treatment plan goals and/or interventions. As a result, the request for "Individual Psychotherapy 1x week x 6 months" is not medically necessary.