

Case Number:	CM14-0091807		
Date Assigned:	07/25/2014	Date of Injury:	03/18/2013
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 22-year-old male who reported a traumatic amputation of the right middle finger after having it caught in a moving chain on 03/18/2013. On 06/09/2014, his diagnoses included anxiety disorder, PTSD with depression secondary to amputation, and phantom limb phenomenon. He had moderate to severe psychosocial stressors with a GAF score of 56. In a psychology progress note of 07/24/2014, it was noted that he was more upbeat and happy with good eye contact and was able to get some closure with the person who caused the accident. In a psychology progress note of 06/20/2014, the treatment plan included continuing to follow his goals of attending school, building his self-confidence, and building on his leadership skills. On 05/19/2014, he presented with a positive outlook and was looking forward to attending to school, going to the gym regularly, and he was very expressive and grateful for the psychotherapy. He was receiving cognitive behavioral therapy and biofeedback training. The rationale for the request stated that he be seen in group and in individual psychotherapy for the next 8 to 10 months to relieve the effects of the industrial injury, and that therapy should alleviate feelings of low self-esteem and a sense of loss, particularly the loss of a part of his body. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych follow-up 1 times a week for 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and on the Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for amputation.

Decision rationale: The request for psych follow-up 1 time a week for 3 months is medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders such as depression, anxiety, and post-traumatic stress disorder. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The Official Disability Guidelines recommend cognitive therapy for amputation to be able to deal with such issues as post amputation depression and anxiety, body image, feelings of vulnerability, social support changes, grief, pre-amputation psychological issues, and phantom limb pain and sensations. Psychological assessment and referrals for treatment should be included as a part of the routine care provided to individuals with amputations. Support of psychological and social interventions such as formal support groups and peer support programs may provide a powerful and inexpensive addition to routine care. The guidelines recommend up to 20-30 visits over 7-20 week period of time, but in cases of severe major depression or PTSD, up to 50 sessions if progress is being made. It was noted on 06/09/2014 that he had only attended 2 or 3 sessions of therapy at that time. The subsequent notes by the therapist indicated that he was benefiting from the therapy. It is doubtful that the number of therapy sessions he has attended exceeded the recommendations in the guidelines. Therefore, this request for psych follow-up 1 times a week for 3 months is medically necessary.