

<b>Case Number:</b>	CM14-0191782		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 injured worker is a 64 year-old male (██████████) with a date of injury of 11/21/13. The injured worker sustained injury to his right hand when it was smashed against a metal bar while operating a forklift. The injury required a complete amputation of the right middle finger. The injured worker sustained this injury while working as a forklift operator for ██████████. In his PR-2 report dated 9/30/14, ██████████ diagnosed the injured worker with PTSD and Depressive Disorder, NOS. He indicated that the injured worker had completed 9 of his 12 authorized sessions and that there was a "reduction in symptoms of PTSD" despite the "level of depression remains the same." The request under review is for an additional 12 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional psychotherapy; 12 sessions:** Overturned

**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 (ODG), Cognitive Behavioral Therapy (CBT)

**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 Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker was evaluated by Psychologist, [REDACTED] on 6/5/14. In his "Doctor's Report of Occupational Injury or illness, [REDACTED] recommended both psychotropic medications and psychotherapy. The injured worker began psychotherapy with [REDACTED] following the evaluation. It appears that an initial 12 psychotherapy sessions were authorized. Unfortunately, there are only a couple of reports from [REDACTED] included for review. The most recent PR-2 report is dated 9/30/14 and indicates that the injured worker has only completed 9 of the 12 sessions. Given the fact that the injured worker has 3 remaining sessions, the request for an additional 12 sessions is premature. Additionally, there are no objective functional improvements reported from the completed sessions thus far. As a result, the request for "Additional psychotherapy; 12 sessions" is not medically necessary.