

Case Number:	CM15-0006471		
Date Assigned:	01/26/2015	Date of Injury:	09/15/2013
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 28 year old male, who sustained an industrial injury on September 15, 2013. He has reported amputation of the left long finger. His diagnoses include traumatic amputation of finger and post-traumatic stress disorder. He has been treated with exposure therapy and medications, which include an antidepressant and an anti-anxiety. On December 16, 2014, his treating physician reports the injured worker's anxiety, depression, and post trauma have improved from the prior visit. The physician noted the injured worker still complains of lingering symptoms of trauma that are triggered at work, particularly when he is working near the table saw. Associated symptoms include severe anxiety, trauma symptoms, and severe depression with severe weight loss from loss of appetite and poor sleep. Objective findings include anxiety and labile mood. The injured worker denies suicide risk and there was no homicide risk. On January 8, 2015 Utilization Review modified a request for additional exposure therapy sessions QTY: 20, noting the provider documented the injured worker's mood symptoms, though there was a lack of significant symptoms previously indicated. The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Exposure Therapy Sessions QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rothbaum BO, et al. Psychotherapy for posttraumatic stress disorder. Topic 14634, version 12.0. UpToDate, accessed 03/15/2014.

Decision rationale: The MTUS Guidelines are silent on this specific issue. The literature generally supports the use of exposure therapy in the setting of posttraumatic stress disorder. The submitted and reviewed documentation reported the worker had had significant clinical improvement with thirteen sessions of this treatment and was continuing to apply the skills learned, but the worker had more recently experienced several significant relapsing episodes. The goal of the additional sessions was to more directly assist the worker in fine-tuning his skills to prevent higher severity episodes of anxiety. However, there was no discussion suggesting the reason the worker required such a high number of additional sessions for this purpose, especially in light of his significant improvement overall. In the absence of such evidence, the current request for twenty sessions of exposure therapy is not medically necessary.