

Case Number:	CM15-0101923		
Date Assigned:	06/04/2015	Date of Injury:	07/16/2013
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Psychologist

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 63 year old male who sustained an industrial injury on 07/16/2013 when he fell from a ladder approximately 10 feet. The injured worker was diagnosed with right shoulder rotator cuff tear, multiple rib fractures, pelvic injury, right distal radius fracture and ulnar fracture, post-traumatic stress disorder, recurrent major depressive disorder and alcohol dependency in recovery. The injured worker underwent right arm surgery on July 16, 2013, right chest surgery on July 18, 2013, diaphragm repair on November 11, 2013, rotator cuff repair on December 26, 2013 and right ulna shortening on April 16, 2014. Treatment to date includes multiple diagnostic testing, multiple surgeries, post-operative physical therapy, steroid injections, alcoholic anonymous meetings, psychological evaluation and treatment, Cognitive Behavioral Therapy (CBT) and medications. According to the treating physician's progress report on April 10, 2015, the injured worker reports feeling slightly better with improved sleep, fewer nightmares, fluctuating levels of depression and anxiety, slightly improved energy levels and appetite with less frequent intrusive thoughts. Examination revealed linear with intermittent tangential thought process, impaired concentration with need for repetition of questions, no suicidal ideation and fair judgment and insight. Current medication is listed as Seroquel. Treatment plan consists of continuing with medication regimen and the current request for individual Cognitive Behavioral Therapy, monthly times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy, Monthly x 6: Upheld

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, 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 Chapter Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as well as psychiatric symptoms related to PTSD and depression as the result of his work related injury in July 2013. The injured worker completed an psychological evaluation with [REDACTED] in 2/7/15. In her report, [REDACTED] recommended follow-up psychological services as well as a psychotropic medication consultation. It appears that the injured worker was evaluated for psychotropic medications by [REDACTED] and began psychotherapy services as well as indicated in [REDACTED] notes. However, there are no psychological medical records/progress notes/reports included for review. Without information about the psychotherapy services already completed and the progress obtained from those services, the need for any additional treatment cannot be determined. As a result, the request for 6 monthly CBT sessions is not medically necessary.