

Case Number:	CM15-0033750		
Date Assigned:	02/27/2015	Date of Injury:	01/16/2014
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 52-year-old male who sustained an industrial injury on 01/16/2014. Diagnoses include post-traumatic stress disorder, status posttraumatic amputation of the right index finger, and lacerated extensor tendon right middle finger. Treatment to date has included surgery, medications, and nerve block. A physician progress note dated 02/03/2011 documents the injured worker has frequent pains in the right index finger, insomnia, nausea, hot flashes, moderate depression, anxiety, crying spells, nightmares every night and sporadic flash backs. The injured worker has developed significant psychological reactions. He is diagnosed with post-traumatic stress disorder. Treatment requested is for individual psychological treatments-16 sessions. Utilization Review on 02/17/2015 modified the request for individual psychological treatments - 16 sessions to individual psychological treatments - 4 sessions, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychological treatments - 16 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker would be a good candidate for behavioral treatment of chronic pain. However, the request for Individual psychological treatments - 16 sessions exceeds the guideline recommendations for an initial trial of 3-4 psychotherapy visits over 2 weeks. Thus, the request is not medically necessary.