

<b>Case Number:</b>	CM14-0132539		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Board Certified 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 claimant is a 20-year-old male with a date of injury of 12/5/13. The claimant sustained a crush injury to his left hand when in a formax machine misfired and crushed the claimant's hand, resulting in amputation of his left small finger, nerve, and tendon damage to his ring finger. The claimant sustained this injury while working as an operator for [REDACTED]. In his 5/22/14 "Progress Note" [REDACTED] diagnosed the claimant with: (1) Depression; (2) Finger amputation, traumatic; (3) Finger, open wounds with tendon injury. It is also reported that the claimant developed psychiatric symptoms following his injury. In the "Doctor's First Report of Occupational Injury or Illness" dated 7/24/14, [REDACTED] diagnosed the claimant with: (1) Posttraumatic stress disorder; and (2) Pain disorder associated with psychological factors and medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psytx (Psychotherapy) Patient & Family 6 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, TREATMENT INDEX, 12TH EDITION (WEB), STRESS / MENTAL- GROUP THERAPY

**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:** The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline for the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience pain as well as psychiatric symptoms. He has not participated in any prior psychotherapy and completed an initial evaluation by [REDACTED] on 7/24/14. In her "Doctor's First Report of Occupational Injury or Illness", [REDACTED] recommended an initial trial of 6 individual psychotherapy visits, a medication evaluation, and anxiety management group therapy. The request under review involves the initial trial of 6 psychotherapy sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks" may be necessary. Given the claimant's symptoms, the fact that he has not received any psychological services, and that the request appears appropriate and within the cited guideline, the request for "Psytx (Psychotherapy) Patient & Family 6 Sessions" is medically necessary.