

Case Number:	CM14-0137315		
Date Assigned:	09/05/2014	Date of Injury:	06/25/2013
Decision Date:	10/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency Medicine 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:

This is a patient with a reported date of injury on 6/25/2013. Mechanism of injury is left thumb, index finger and middle finger crush and avulsion injury. Patient has a history of left index and thumb pain post amputations, left index joint pain from tendon scarring and post-traumatic stress disorder. Patient is post surgeries to hand and fingers on 6/25/13 and 12/4/13. Medical reports were reviewed. Last report available until 7/12/14. Psychological reports reviewed. Patient appears upbeat and happy to be back at work. Objective exam reveals patient appears less depressed. Anxious about condition of hand and work. Note states that patient has completed multiple psychological sessions up to 21 of 22 that were approved. Note on 7/12/13 requested 6 additional CBT sessions. No imaging or other reports were provided for review. No complete medication list was provided for review. Last list was from 12/13 which includes Tramadol, Omeprazole, Losartan, Simvastatin, Norco, Alprazolam and Naproxen. Independent Medical Review is for "PSYTX PT&/FAMILY 45minutes". Prior UR on 7/31/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 6 sessions of cognitive behavioral psychotherapy 2 x week for 3 weeks for post-traumatic stress disorder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Review of records show that request for "psytx pt&/family 45minutes" is actually for 6 additional cognitive behavioral psychotherapy therapy sessions for post-traumatic stress disorder. The criteria used for review of additional CBT sessions would be same for a single "psychology treatment for patient and family." As per MTUS Chronic Pain guidelines, cognitive behavioral therapy is recommended as it may help patients cope with their injury and pain. However, guidelines recommend up to a trial of 4sessions and an additional 10sessions if there is signs of improvement. The patient's notes do not show any significant change in depression or anxiety but appears stable. The patient has far exceeded guideline recommendation for CBT. Skills learned during multiple sessions can easily be used by patient without guidance and at home with the family. Therefore, the request is not medically necessary.