

<b>Case Number:</b>	CM14-0147387		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 22 year-old male with a 3/18/14 date of injury. He was a dock worker and was standing on the forks of a forklift and got his 3rd finger on the right hand caught and crushed in a chain. It was amputated and he received a prosthesis. He developed PTSD (post-traumatic stress disorder), anxiety and depression. The progress notes from [REDACTED] show improvement with the depression, anxiety and mood with psychotherapy. The 8/20/14 orthopedic report from [REDACTED] recommended continued psychotherapy, cognitive therapy and relaxation techniques. On 8/28/14 UR recommended against a psychiatric follow-up, biofeedback x1; and psych testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric follow up.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The IMR request is for a psychiatric follow-up visit. MTUS/ACOEM chapter 15 for stress related conditions, follow-up visits state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further

testing and/or psychotherapy, and whether the patient is missing work." The patient is reported to be referred for further psychotherapy. The request for psychiatric follow-up appears to be in accordance with MTUS/ACOEM guidelines. Recommend authorization.

**Biofeedback x 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** This IMR is for necessity of a biofeedback session x1. The patient underwent a psychiatric QME on 6/9/14 with [REDACTED], noting the patient was not P&S and required additional psychotherapy for 8 to 10 months. Subsequent to the 6/9/14 QME, the patient attended psychotherapy with [REDACTED] on 7/24/14 and 8/29/14. The MTUS guidelines recommend biofeedback as an adjunct to CBT and recommends a trial of 3-4 visits over 2 weeks. The request for 1 session of biofeedback therapy as an adjunct to the psychotherapy appears to be in accordance with the MTUS guidelines. Recommend authorization.

**Psych testing.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The IMR is for necessity for psych testing. MTUS for psychological evaluations states "Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations" The request for psych testing is in accordance with MTUS guidelines. Recommend authorization.