

Case Number:	CM14-0151974		
Date Assigned:	09/22/2014	Date of Injury:	05/22/2013
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 a Doctor of 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:

According to the records that were provided for this IMR, this 30 year old male patient reported a date of injury of May 22, 2013. The injury reportedly occurred during his normal work duties at [REDACTED] as a ramp personnel when a crane rogart struck him in the left shoulder and threw him down to the ground causing him to land on his right side hard on the cement floor. He was unable to roll out of the way and the front tire crushed both of his lower legs, feet and ankles all the way to his toes. The tire weight alone was approximately 2000 pounds and as a result the accident he sustained crush injuries to both of his lower extremities. Medically he has the following diagnoses: crushing injury of ankle and toes; sprain and strain of ankle and foot and other specified sites of knee and leg; crushing injury of knee; lumbar sprain and strain. The patient reports ongoing pain in both legs that radiates down to the feet. He returned to modified work duty in January 2014 and continued to have constant and severe pain that for prevented him from performing even the most basic tasks and was told from supervisors they did not want him to be seen in the hallways with his cane and that he was being harassed by some of his coworkers. He was evaluated psychologically for the first time on March 14, 2014. He has been diagnosed with the following: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Posttraumatic Stress Disorder; Male Hypoactive Sexual Desire Disorder. A treatment progress report from his primary psychologist dated August 2014, states that the patient has been reporting and improvement in his emotional condition with treatment but has persistent pain that interferes with his activities of daily living and sleep. He reports waking up throughout the night and having distressing dreams and flashbacks about his workplace and the accident. That he is fearful around equipment that reminds him of the accident and is unable to engage in usual activities as he did before. There are intrusive recollections of his workplace and the equipment there. The progress note also mentions that he requires a cane

to assist him with movement and has a sad and anxious mood with nervousness, poor concentration and needs continue treatment for symptoms of depression and anxiety. Treatment goals are listed as decreasing frequency and intensity of depression and anxiety symptoms, improving sleep, and increasing the use of appropriate pain control methods to manage levels of pain. His progress to date is listed as "improved mood, ability to cope and adjust, and hope with treatment." A nearly identical progress note from July adds that his progress includes decreased levels of anxiety have been achieved. An additional treatment progress note from May 2014 lists the same goals and treatment plan as well as symptomology. A request was made for "12 additional cognitive behavioral group psychotherapy "related to lumbar spine injury, once a week for 12 weeks."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional cognitive behavioral group psychotherapy related to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glass LS, Blais BB, Genovese E, Goertz M, Harris JS, Hoffman H, et al eds. Occupational Medicine Practices Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Page(s): 23-24. Decision based on Non-MTUS Citation ODG mental illness and stress, topic psychotherapy guidelines for cognitive behavioral therapy June 2014 update.

Decision rationale: The psychological medical records that were submitted are inadequate and do not contain sufficient information to document the medical necessity continue treatment. Specifically, the psychological medical records provided virtually no details with respect to what is happening to the patient in his treatment, they reflect no progress in his treatment towards achieving treatment goals, they reflect very little improvement, and are basically the same notes that were written in May repeated for subsequent months. Most importantly there was no information with respect to how many sessions the patient has had to date which is absolutely essential information in order to allow continued treatment sessions to be offered. In addition there is no objective measure of change in the patient such as simple screening tools for depression and anxiety to measure progress; instead a summary statement stating that the patient has less anxiety is mentioned with no change from month-to-month and no objective quantitative measure to substantiate it. With respect to his diagnosis of PTSD there is no quantitative measure of symptoms to substantiate the diagnosis and there's no measure of how severe the symptoms are that would allow for measuring improvement in change over time. The requirements for authorizing additional treatment sessions are such that they must meet the criteria of objective functional improvement this includes the use of objective measures. Objective functional improvement includes a reduction in dependence on future medical treatment, as well as a reduction in work restrictions if applicable, and increased activities of daily living. None of these outcomes were quantified, measured, documented or provided for this review. This is very unfortunate as this young man appears to have sustained a terrible injury and might be requiring continued psychological treatment. According to the official disability guidelines patients who

are making progress in treatment may have a maximum of 13 to 20 sessions total. This number of sessions is typically adequate for most patients, however in some rare and extraordinary situations of severe or complicated symptomology, a maximum of up to 50 sessions can be offered with patients who have severe PTSD or Major Depression, as long as progress is being made which is defined as objective functional improvement. It is impossible for me to determine how many sessions the patient is hard to see if he meets the criteria for additional treatment. Based on the information was provided I can tell that the patient probably began his psychological therapy sometime around April 2014 and continued into August 2014 suggesting perhaps five months of treatment. Again this is just speculation but would probably translate into approximately 20 sessions if he attended weekly. The frequency of his prior participation in treatment was not provided which is also essential. Due to insufficient and inadequate documentation, additional sessions have not been demonstrated to be medically necessary.