

<b>Case Number:</b>	CM15-0009088		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas  
 Certification(s)/Specialty: Psychologist

### 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 47-year-old male who reported an injury on 08/21/2014. The injured worker was reportedly working in a warehouse when his right upper extremity became caught in heavy machinery. The current diagnoses include major depressive illness, right hand crush injury, and history of right leg injury status post surgery. The injured worker presented on 12/12/2014 for an initial treating physician's evaluation. It was noted that the injured worker suffered traumatic amputation of the tip of 4 fingers and much of the right thumb. The right 5th finger was not so much crushed, as several fractures were sustained. The injured worker had surgery in an attempt to repair the fractures, as well as additional surgery for both the right 5th finger and thumb. Most of the palmer surface of the distal thumb digit had been debrided. The injured worker reported multiple symptoms of depression; however, denied an intent to self harm. The injured worker indicated that he could not hold a pen, fork, or a knife. The injured worker also reported symptoms of withdrawal. The current medication regimen includes ibuprofen, Naprosyn, and omeprazole. The injured worker also reported traumatic flashbacks. Upon examination, the injured worker was severely depressed, verbally sparse, monotonic, overwhelmed with emotion, poorly dressed and groomed, and profoundly sad. His thoughts were difficult to assess given impoverished content. His mood was profoundly depressed with a flat affect. The injured worker admitted to suicidal thoughts, but denied any specific plan or intent to harm himself. The injured worker denied homicidal ideation. Recommendation at that time included initiation of Cymbalta, as well as trazodone. It was noted that the injured worker was a candidate for psychotropic medications, including anxiolytic and antipsychotic medicines.

Individual psychotherapy was strongly recommended to begin at least once per week. There was no Request for Authorization form submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Individual psychotherapy once weekly x 3 months:** 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 Page(s): 23.

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended with an initial trial of 3 to 4 psychotherapy visits over 2 weeks. While it is noted that the injured worker may benefit from individual psychotherapy, the current request for individual psychotherapy once per week for 3 months exceeds guideline recommendations. There is insufficient rationale for exceeding the guidelines. Therefore, the request is not medically appropriate.