

Case Number:	CM15-0009250		
Date Assigned:	01/27/2015	Date of Injury:	01/15/2014
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	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 57-year-old male who reported an injury on 01/15/2014. The injured worker reportedly suffered a crush injury when a metal bracket fell on his left hand. The current diagnoses include post-traumatic stress disorder and depressive disorder. The injured worker presented on 12/23/2014 for a psychological status report. It was noted that the injured worker underwent surgery on 02/25/2014 to repair soft tissues and pin fractures of the fingertips. During the wound healing process, the injured worker developed progressive necrosis and gangrene of the finger tip, resulting in revision amputation on 03/05/2014. It was noted that the injured worker was treated with 6 sessions of biofeedback and cognitive behavioral therapy in 07/2014 through 10/2014. An additional 6 sessions of cognitive behavioral therapy and 4 sessions of biofeedback were received in 10/2014. Test results as of 11/21/2014 indicated a 26 on the Beck Anxiety Inventory, a 23 on the Beck Depression Inventory and a 46 on the post-traumatic stress diagnostic scale. Retesting on 12/19 indicated a score of 16 on the Beck Anxiety Inventory, a score of 16 on the Beck Depression Inventory and a score of 17 on the post-traumatic stress diagnostic scale. Authorization for an additional 6 sessions of psychotherapy and 6 sessions of biofeedback were recommended at that time. A Request for Authorization form was then submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Qty. 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Mental Illness and stress

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 as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The injured worker has exceeded guideline recommendations of 6 to 10 visits. Although it is noted that the injured worker demonstrated an improvement in psychological testing, it was noted that the injured worker was issued authorization for additional treatment in 10/2014. It is unclear whether the injured worker has or has not attended the remaining psychotherapy sessions. In order to support additional treatment, the injured worker's response to the completion of the recently authorized additional sessions would be required. Given the above, the request is not medically appropriate at this time.

Biofeedback Qty. 6: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but recommend it as an option in a cognitive behavioral therapy program. An initial trial of 3 to 4 visits over 2 weeks is recommended. Patients may continue biofeedback exercises at home. The injured worker has completed an initial course of biofeedback therapy. Additional treatment was recently authorized. However, within the documentation, it is unclear whether the injured worker has attended the remaining biofeedback sessions. Functional benefit should be documented prior to the authorization of additional sessions. Given the above, the request is not medically appropriate at this time.