

<b>Case Number:</b>	CM15-0012429		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

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 23 year old female, who sustained an industrial injury on 9/25/14 and had to have grafting after an amputation of her right middle finger. The injured worker has complaints of throbbing and sharp pain radiating to her right elbow with numbness and tingling sensation in her other fingers and some swelling in the amputated finger. The documentation noted that prior to her injury the injured worker had been admitted to an inpatient psychiatric ward for cutting both her wrists in an attempt to "inflict a different kind of pain". The documentation noted that her depression was aggravated by her injury and is having crying spells. The diagnoses have included lateral epicondylitis, traumatic amputation of other fingers without complication, major depressive disorder, and PTSD. The injured worker is on temporary total disability. According to the utilization review performed on 12/30/14, the requested 6 sessions of therapy for cognitive behavioral therapy and relaxation training sessions have been non-certified. The utilization review noted that lacking a psychological evaluation of the complaints, was not possible to determine the "symptoms and signs meet the full criteria for [the relevant] diagnosis" or indications for the requested treatment [California DWC. (2009). MTUS: ACOEM Guidelines (2004). Chapter 15: Stress-related conditions; page 397].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of therapy for cognitive behavioral therapy and relaxation training sessions:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the brief medical records, the injured worker completed a psychological evaluation with Dr. [REDACTED] on 11/24/2014. Although a thorough evaluation report was not present within the medical records, a PR-2 report from Dr. [REDACTED] was included. In that PR-2 report, Dr. [REDACTED] diagnosed the injured worker with Major Depressive Disorder and PTSD. He recommended an initial trial of 6 psychotherapy and relaxation sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the cognitive treatment of depression. Since the request falls within the cited recommendations, it is reasonable and medically necessary.