

<b>Case Number:</b>	CM15-0124072		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 38-year-old who has filed a claim for chronic hand, wrist, finger, and elbow pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of December 20, 2012. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for four "psych" visits. The claims administrator contended that the applicant had received 53 previous sessions of psychotherapy. A May 14, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said May 14, 2015 RFA form, 4 sessions of individual psychotherapy were sought for issues with major depressive disorder, posttraumatic stress disorder, lack of sexual desire, and insomnia. In an associated psychological progress note dated May 14, 2015, the applicant reported issues with anxiety, depression, malaise, hypersensitivity about the digits following the amputation, and uncertainty regarding her future. Continued mental health services were sought. The applicant's work status was not outlined. The applicant's psychologist stated that the applicant had developed an improved mood and had hopes for the future. The applicant was trying to use relaxation and breathing skills to manage her symptoms and to cope with her pain complaints. The applicant did exhibit some degree of preoccupation with her physical and emotional issues. On April 20, 2015, a Qualified Medical Evaluator (QME) reported that the applicant had sustained partial amputations of middle, ring, and small fingers on December 28, 2012. The applicant was doing modified duty work, it was reported, despite difficulty gripping, grasping, hypersensitivity to touch, etc., the Qualified Medical Evaluator (QME) reported. The medical-legal evaluator apparently imposed permanent work restrictions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych 4 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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

**Decision rationale:** Yes, the request for four "psych" visits was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 15, page 405, the frequency of follow up visits should be dictated by the severity of an applicant's symptoms. Here, the applicant had apparently developed significant psychological and pain-related impairment associated with multiple partial digital amputations. The applicant had developed attendant issues with preoccupation, mood disturbance, insomnia, difficulty interacting with others, anxiety, etc., it was reported on May 14, 2015. The applicant had demonstrated a favorable response to earlier psychotherapy, as evinced by her successful return to modified duty work; it was reported on Qualified Medical Evaluation (QME) dated April 20, 2015. Moving forward with the four additional psychotherapy treatments in question was, thus, indicated. Therefore, the request was medically necessary.