

Case Number:	CM15-0172684		
Date Assigned:	09/14/2015	Date of Injury:	11/08/2011
Decision Date:	10/20/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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 53 year old male, who sustained an industrial injury on November 8, 2011. Medical records indicate that the injured worker is undergoing treatment for traumatic amputation of the right hand and fingers, bilateral shoulder sprains, neuropathy of the median nerve left hand, post-traumatic stress disorder, anxiety, major depression, partner relational problem, parent-child relational problem and an umbilical hernia. Comorbid diagnoses included a history of hypertension and diabetes. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 23, 2015 notes that the injured workers symptoms included death wishes, helplessness, sleep disturbance, nightmares, and difficulty with concentration, sadness, anger, irritability, suicidal ideation, memory impairment and psychotic-like symptoms. The injured workers spouse was noted to participate in treatment and provided important feedback on the injured worker and insight into his dependency from his physical losses and his interaction with other family members. The injured workers emotional state has led to painful and emotional disabling interactions with family members. The injured workers progress to date notes that he has maintained improved communication with his family and has diminished the frequency and intensity of conflicts. The injured worker is able to recognize his dependent behaviors and to attempt to control them. Documentation dated June 30, 2015 notes that the injured worker reported bilateral shoulder pain, left thumb pain, right hand pain, abdominal pain and depression. Treatment and evaluation to date has included medications, MRI, electrodiagnostic studies (2013), physical therapy, x-rays of the right hand (2012), individual psychotherapy (amount unspecified), family psychotherapy (amount unspecified), left

shoulder surgery 2014, left hand surgery and multiple right hand surgeries including a repeat syndactyly release on 5-14-2015. Current medications include Aciphex, Metformin, Norvasc, Buspar, Amlodipine, Tylenol; #3, Brintellix and Ramipril. The treating physician's request for authorization dated July 23, 2015 includes a request for individual psychotherapy monthly times six and family psychotherapy times six weeks. The Utilization Review documentation dated August 3, 2015 non-certified the requests for the individual psychotherapy monthly times six and family psychotherapy times six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy - monthly x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms of depression and anxiety (related to PTSD) in addition to chronic pain sustained from his work-related amputation injury in November 2011. He has been receiving psychotropic medication management services as well as psychotherapy. According to UR, the injured worker has received over 100 psychotherapy sessions over the past several years. In the 7/23/15 report, treating psychologist, [REDACTED], notes continued symptoms despite some improvements. In the report, [REDACTED] recommended additional individual therapy as well as conjoint family therapy. The request under review is based upon this recommendation. In the appeal letter dated 8/31/15, [REDACTED] presents relevant and appropriate information to support the need for additional treatment, above the ODG recommendations for a total of 50 sessions. He acknowledges that the injured worker continues to re-experience the trauma everyday as a result of trying to work with his amputated hand. Additionally, the injured worker has had additional surgeries on his hand, once again re-opening feelings involving the original trauma. [REDACTED] appears to be moving into maintenance treatment with the injured worker as sessions are being planned further apart. As a result, the request for an additional 6 individual sessions to prepare for possible termination appears appropriate and therefore is medically necessary.

Family psychotherapy x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: PTSD Interventions.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms of depression and anxiety (related to PTSD) in addition to chronic pain sustained from his work-related amputation injury in November 2011. He has been receiving psychotropic medication management services as well as psychotherapy. According to UR, the injured worker has received over 100 psychotherapy sessions over the past several years. In the 7/23/15 report, treating psychologist, [REDACTED], notes continued symptoms despite some improvements. In the report, [REDACTED] recommended additional individual therapy as well as conjoint family therapy. The request under review is based upon this recommendation. In the appeal letter dated 8/31/15, [REDACTED] presents relevant and appropriate information to support the need for additional treatment, above the ODG recommendations for a total of 50 sessions. He acknowledges that the injured worker continues to re-experience the trauma everyday as a result of trying to work with his amputated hand. Additionally, the injured worker has had additional surgeries on his hand, once again re-opening feelings involving the original trauma. [REDACTED] appears to be moving into maintenance treatment with the injured worker as sessions are being planned further apart. Additionally, the use of family therapy appears to have been helpful in helping the injured worker relate in healthier ways to his family as well as serving as a reality check regarding the injured worker's perceptions. As a result, the request for an additional 6 conjoint family sessions (one every 6 weeks) appears appropriate as the injured worker prepares for termination and therefore is medically necessary.