

<b>Case Number:</b>	CM15-0043286		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 48 year old male who sustained an industrial injury on 7/23/04 when he was struck in the left groin area by a piece of lumbar traveling at great speed. He was admitted to the hospital for 12 or 13 days and had surgery for groin hemorrhage due to lumber impalement. He had multiple surgeries, tests and therapy since the initial assessment. He used a cane for ambulation. He could only work 4 hours per day because of fatigue. In 2001 he had surgery to his left knee (non-industrial) and in 1992 he had a nerve or disc injury to his low back that was work related. He currently complains of left groin pain radiating into the stomach, left leg and hip. He also complains of intermittent low back pain. His activities of daily living are limited. Diagnoses include chronic residuals of low back strain; psychiatric concerns; chronic residuals of left groin injury with a diagnosis of complex iliac vein laceration and pelvic fracture and severe soft tissue muscle disruption; lumbar radiculopathy; brachial neuritis or radiculitis; closed fracture neck of the femur. Diagnostics include x-rays of pelvis and left hip; MRI of the pelvis (2004) and lumbar spine. Per the agreed medical examination from 10/30 14 and 11/11/14 the examiner indicated that there were no orthopedic injuries at this time but obvious psychiatric problems (frequent crying during the day, sudden shortness of breath, suicidal thoughts per agreed medical exam 11/11/14 incident occurred 2005, hearing voices) and a significant vascular injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy sessions once a month for 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

**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; Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving monthly psychological/psychiatric services from [REDACTED] since March 2012. The number of completed sessions to date is unknown. In the most recent, handwritten PR-2 reports, [REDACTED] reports that the injured worker remains symptomatic and in need of services. Parts of the notes are slightly illegible due to being handwritten. It appears that the requested services are to serve as maintenance psychotherapy/medication management sessions with testing serving as an objective way of monitoring progress and/or stability. Given the years of treatment already received, the request for an additional 6 months of treatment appears excessive at this time. As a result, the request for psychotherapy sessions once a month for 6 months is not medically necessary. It is noted that the injured worker received a modified authorization for 3 psychotherapy sessions once per month for three months in response to this request.

**Beck Anxiety Inventory once a month for 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100, 101.

**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 Beck Depression Inventory (BDI).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving monthly psychological/psychiatric services from [REDACTED] since March 2012. The number of completed sessions to date is unknown. In the most recent, handwritten PR-2 reports, [REDACTED] reports that the injured worker remains symptomatic and in need of services. Parts of the notes are slightly illegible due to being handwritten. It appears that the requested services are to serve as maintenance psychotherapy/medication management sessions with testing serving as an objective way of monitoring progress and/or stability. Given the years of treatment already received, the request for an additional 6 months of treatment including monthly testing using the BAI and BDI appears excessive at this time. As a result, the request for using the Beck Anxiety Inventory once a month for 6 months is not medically necessary. It is noted that the injured worker received a modified authorization for 3 BAI administrations once per month for three months in response to this request.

**Beck Depression Inventory once a month for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100, 101.

**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 Beck Depression Inventory (BDI).

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving monthly psychological/psychiatric services from [REDACTED] since March 2012. The number of completed sessions to date is unknown. In the most recent, handwritten PR-2 reports, [REDACTED] reports that the injured worker remains symptomatic and in need of services. Parts of the notes are slightly illegible due to being handwritten. It appears that the requested services are to serve as maintenance psychotherapy/medication management sessions with testing serving as an objective way of monitoring progress and/or stability. Given the years of treatment already received, the request for an additional 6 months of treatment including monthly testing using the BAI and BDI appears excessive at this time. As a result, the request for using the Beck Depression Inventory once a month for 6 months is not medically necessary. It is noted that the injured worker received a modified authorization for 3 BDI administrations once per month for three months in response to this request.