

Case Number:	CM14-0132234		
Date Assigned:	08/22/2014	Date of Injury:	09/15/2008
Decision Date:	11/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is licensed in Clinical Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records that were provided for this independent review, this patient is a 36-year-old male who reported an industrial related injury that occurred on September 15, 2008. The injury occurred while he was working for [REDACTED] on a conveyor belt aligning a piece of wood as it entered the saw mechanism, the cuff of his shirt was caught in the chain drawing his right hand towards the chain and he could see the saw and chain grabbing and cutting into his hand and fingers as he was unable to extract his hand from the machine. A coworker was able to stop the saw & release his hand but the right thumb and index finger were amputated and his coworkers were looking for his fingers when he was transferred to the emergency hospital and then to a specialty center in [REDACTED] to reattach the right thumb but there was complete amputation of the right index finger, repair of middle finger and distal plananx fingertip. He continues to suffer from persistent pain and discomfort in his right hand and amputation site with limitation and functioning that includes opening and closing and grasping of the hand and complains of pain and tenderness over the stump of his amputated index finger. He experienced some PTSD syndrome that included the fear of noises and heavy machinery, anxiety, flashbacks and night terrors. He continues to have phantom limb pain at night. A progress report from January 10, 2014 indicates that the patient has had six sessions of psychotherapy from a psychologist with benefit and is also seen by a psychiatrist who diagnosed him with Major Depressive Disorder and Posttraumatic Stress Disorder and recommends weekly therapy for at least six months. A psychological report from the patient's primary treating psychologist dated November 2013 diagnosed him with the following: Posttraumatic Stress Disorder; Major Depression, Single Episode; Generalized Anxiety Disorder; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. The psychologist report mentions that he continues to suffer from persistent pain and psychologically has a great

deal of shame and tries desperately to hide his hand from other people so that they will not see the amputation. He has nightmares where he hears voices that remind him of the conveyor belt each in turn trigger spots of the accident and the injured area and sometimes feels like there are bugs like ants chewing his injured hand. The psychologist noted that PTSD will probably present the most challenging aspect of treatment. A progress note from his primary treating medical physician dated July 2014 stated that: "patient is not currently working, pain level is 3-4 out of 10 with medication, pain level decreases when sleeping but increases with strenuous activity. Patient reports that his night terrors have continued and that he is continuing with psychotherapy visits, he feels that he is making progress." He reports disturbed sleep and interrupted concentration by severe random burning pain and allodynia over index finger amputation scar. Patient is currently noted to be seeking surgical consultation to see if hand has healed properly and if there is any surgical intervention that could decrease phantom pain and allodynia. The medication gabapentin was discontinued because it's making him more anxious and he is being tried with a sample of Lyrica. Symptoms of depression continue at times. An earlier psychiatric progress note from March 2014 notes that his night terrors symptoms have increased since beginning therapy but he is talking about the trauma more than before. The total number of sessions that the patient has received to date is unclear. A request for eight sessions of psychotherapy was made and non-certified, utilization review rationale for non-certification was stated as: "unknown prior sessions, no documented re-injury, based on diagnosis and considering exceeding long chronic nature of condition, and total lack of any detailed discussion of prior number of sessions of psychotherapy over the past six years and documented sustained functional improvement and new hard goals for additional eight sessions not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Psychological Treatment, Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter, Psychotherapy Guidelines, Cognitive Behavioral Therapy.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended to appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. With evidence of objective functional improvement, an initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines recommend 13-20 sessions maximum for most patients; in some unusually complex and severe

cases of Major Depression (severe intensity) or PTSD up to 50 sessions, if progress is being made. With respect to this request for 8 sessions of psychotherapy the medical records were insufficient to support the request. Despite over 800 pages of medical records, that were carefully reviewed, there was no mention of the patient having any psychological symptoms. There was no diagnosis of psychological disorder, there was no mention of depression or anxiety by any of the treating physician's. There was one single measure of depression from paper and pencil self-report questionnaire dated from 2010 that suggests the patient had mild depression but moderate anxiety, and that was all that was seen in the medical records. It is possible, if not likely, that a mistake was made in the submission of these medical records because there was no current medical records provided for 2014. It is unclear whether this request for eight treatment sessions is an initial request or a request for additional sessions in an already ongoing treatment program. There was no psychological evaluation provided, nor were there any notes from the patient's primary treating psychologist, if he has been involved in treatment. The request for 8 sessions is not supported as medically necessary or conforming with treatment guidelines due to insufficient information.