MAXIMUS Federal Services

Case Number:	CM13-0013465		
Date Assigned:	10/01/2013	Date of Injury:	04/25/2011
Decision Date:	01/13/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry & Neurology, has a subspecialty in Geropsychiatry, and Addiction Medicine 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 physician 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.

CLINICAL CASE SUMMARY

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

This is a 58-year-old female, who sustained multiple left metatarsal fractures and ankle, after stepping off of the elevator when leaving work on 4/25/11. She subsequently developed a neuroma and plantar fasciitis which required injections and bracing. She has required right shoulder surgery and arthroscopy in September 2011 as well as physical therapy for multiple body parts. A work hardening program was approved in January 2012 for 5 days per week for 2 weeks. She has been receiving a combination of weekly cognitive behavioral therapy and group psychotherapy since 2012.. In May she was awaiting hip replacement and although described as improved, she was said to remain "overwhelmed by intense pain". She carries the diagnoses of major depressive disorder single episode, severe, and pain disorder due to psychological factors and general medical condition. Authorization is requested for weekly group as well as cognitive behavior therapy, for 24 weeks beginning on 6/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ODG does not technically allow for group therapy in the setting of depressive illness. Furthermore, the patient has had over a year's worth of continuous therapy with only notations of improvement, suggesting that ongoing treatment as requested is no longer indicated. The current symptom complex is more significant for pain than for depressive illness. The request for continuing group therapy is therefore denied. The request for group psychotherapy, one (1) time a week for twenty four (24) weeks (starting 6/26/13) is not medically necessary and appropriate

Cognitive behavioral therapy #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Section on Psychotherapy Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Section on Psychotherapy Guidelines..

Decision rationale: The Chronic Pain and ODG Guidelines indicate that cognitive behavioral therapy was designed to be time limited. This patient has demonstrated improvement. No specific metrics however were used to track her clinical progress. According to the guidelines, there is no indication to continue authorizing this form of treatment for depression. The current request is denied. With respect to group therapy, the patient has been receiving treatment since 2012. The request for cognitive behavioral therapy, one (1) time a week for twenty four (24) weeks (starting 6/26/2013) is not medically necessary and appropriate.