

Case Number:	CM13-0023635		
Date Assigned:	01/10/2014	Date of Injury:	05/06/2008
Decision Date:	03/19/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/13/2013

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 Geriatric Psychiatry, Addiction Medicine and is licensed to practice in California and Texas. 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. 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:

Records reviewed include 136 pages of medical and administrative records. The claimant is a 47 year old male. His date of injury is 05/06/2008 at which time he was struck by falling bales of hay. He was hospitalized with multiple rib fractures, fractured scapula, and contusion of the brachial plexus. He currently suffers from ongoing intractable right shoulder pain. He subsequently received conservative care and pain management. There is mention in records of a 5150 hold in 02/11 however this was not elaborated upon. He was diagnosed with pain disorder with psychological factors and a general medical condition. He has a history of PTSD with post concussive headaches. He has been receiving medication management, and has utilized 7 of 8 psychotherapy sessions authorized since 08/27/12. Treatment has been for continued anxiety and depressive symptoms associated with his upper body pain, and have consisted of relaxation exercises, stress and anger management, and cognitive restructuring. The goal of treatment has been to help the patient learn coping strategies to manage his pain condition and his depressive symptomatology. Current medications are Cymbalta 60mg, and Abilify 2mg. There is no mention of the presence of suicidal ideation, intent, or plan. His pain appears to be managed with Methadone, Norco, and Lyrica. 08/06/13: Utilization Review-special report, [REDACTED] [REDACTED]: [REDACTED] refers to his 11/29/12 psychological treatment update in which he reported that the patient was beginning to engage in activities outside of his home, starting to exercise for affective relief, and starting to become more socially interactive. He further refers to his 01/10/13 psychological treatment update in which he reports that the patient requires a functional restoration program to get him job-ready. The patient had been expressing his desire to return to work as soon as possible, and recognized his physical limitations due to his industrial injury. [REDACTED] felt that the fact that the patient was discussing work readiness issues

speaks to functional improvement, as previously he was so severely depressed and anxious that he did not consider that possibility. He felt that additional group sessions will aid the patient in his efforts to improve his affective state. [REDACTED] was starting a Men's Pain and Affective Management Group in 09/13 and he wanted to integrate this patient into that with the goal of increased social interaction/diminished depressive and anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Group Psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Group Therapy

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 & Stress, Group Therapy

Decision rationale: The Physician Reviewer's decision rationale: ODG recommendations show that group therapy is recommended for the treatment of post traumatic stress disorder. While it is mentioned that the patient has a history of PTSD, it is not elaborated upon in any fashion. [REDACTED] does not discuss PTSD as a diagnosis in his reports, nor does he make mention of any targeted PTSD symptomatology that the patient was being treated for. PTSD is characterized by a triad of avoidance, re-experiencing, and psychic numbing. None of these symptoms are reported by [REDACTED]. Therefore group therapy cannot be considered to be medically necessary, as such this request is not certified.