

Case Number:	CM13-0024045		
Date Assigned:	11/20/2013	Date of Injury:	07/16/2012
Decision Date:	04/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/13/2013

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 Board Certified in Clinical Psychology has a subspecialty in Health Psychology and Pain Management 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 records provided for this independent medical review this patient reported an occupational/work related injury of July 16th 2012 when he fell off a ladder. He fell about 8 feet and may have briefly lost consciousness and later that day had nausea/vomiting. He complains of having both depression and anxiety with difficulty sleeping; and he continues to have complaints of severe pain, stiffness, weakness and numbness in her neck and back. He notes feeling desperate, depressed, and anxious most of the time. That he does not want to be around people and is worried about finances, his health, and his future. He also reports irritability and a lowered tolerance for stress since the injury. Difficulty falling asleep at night with anxiety at least twice a month where he feels short of breath has heart palpitations, shaking, sweating. With difficulty playing with his children and most outdoor activities and is spending a lot of his time at home. There was a previous and different w/c injury for which he received treatment with CBT in 2008 consisting of individual and group psychotherapy to treat is depression for approximately 1 year and a fully recovered. He is currently diagnosed as having major depressive disorder, single episode, and moderate severity. Anxiety disorder and pain disorder associated with both psychological factors and a general medical condition. The patient has been engaging in cognitive behavioral treatment and biofeedback treatments for depression and anxiety. A request for psychotherapy group therapy 1 time a week for 3 months was not approved and a request to overturn this decision is the focus of this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY (GROUP THERAPY) ONCE A WEEK FOR THREE MONTHS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Cognitive Behavioral Therapy Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: According to the MTUS guidelines for chronic pain medical treatment, regarding the use of cognitive therapy, it is recommended that initial trial of 3-4 sessions over a two-week period be tried and that if objective functional improvements are documented based on the initial trial, an additional set of sessions up to a total of 6 to 10 sessions over a five to six week can be offered. It is unclear how many sessions he has already had. The treating therapist does not indicate how many sessions to date have been used and of equal importance is the result for those sessions. While there are a few mentions of the patient benefiting from treatment by other than the treating doctor, the needed objective functional improvement documents are not provided. It does appear that he has been treated for at least several months and this request for weekly sessions for 3 months or 12 sessions would be more than the maximum allowed of 10 if he had not already had some, which he did, so the original decision for non-certification is upheld.