MAXIMUS Federal Services

Case Number:	CM13-0035914		
Date Assigned:	12/13/2013	Date of Injury:	09/03/2003
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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:

The patient is a 51 year-old male with a date of injury of 9/3/03. The mechanism of injury is not listed in any of the medical records offered for review. In his 8/5/13 Primary Treating Physician's Progress Report diagnosed the patient with the following medical conditions: (1) L5-S1 Spondylolysis; (2) Neural Foraminal Stenosis; and (3) Lumbar Radoculopathy. Although there is mention of depression, there are no psychological records offered for review and therefore, no psychiatric diagnoses provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT Group psychotherapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation . Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS regarding the behavioral treatment of chronic pain and the Official Disability Guidelines regarding the psychological treatment of depression are being

utilized for this review. The medical records offered for review are inadequate and do not provide the necessary information to support the request. It is indicated in the UR documents that the claimant has completed 12 sessions of individual psychotherapy and 36 sessions of group therapy. However, there are no psychiatric/psychological records/progress notes included for review. The only psychologically related information is the "Objection to Utilization Review Determination and Explanation of Applicant's Need for Further Group Psychotherapy" written by [redacted] on 9/27/13. In his letter, [redacted] presents arguments for further services however, there is no diagnosis given and the information provided regarding the benefits from psychotherapy are much generalized and primarily, subjective. Without sufficient information to review, the need for further services cannot be determined. As a result, the request for "CBT Group psychotherapy x 6 visits" is not medically necessary