

Case Number:	CM13-0037591		
Date Assigned:	12/18/2013	Date of Injury:	12/29/2008
Decision Date:	03/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 licensed 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 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:

According to the 293 pages of medical records provided for this report, this patient reported an injury on 12/29/2008 while in the course of her normal work at [REDACTED]. (a business owned by her family) after she tripped and fell and injured both knees with the pain worse on the right side than the left. She also reports intermittent pain in bilateral hands, elbows and wrists- due to carpal tunnel syndrome. She has had surgery as well as conventional medical treatments to try to heal the pain and injury. Psychologically she has been diagnosed with Longstanding and preexisting Depressive Disorder NOS with anxiety, mild to moderate and chronic, industrially aggravated by the occupational injury; Axis II Histrionic and Dependent Personality Traits were noted without sufficient symptoms for a diagnosis of either condition. She has been taking psychiatric medications like effexor (not beneficial) and Lexipro (effective) for the depression, as well opiate pain medications and general pain meds. She reports signification anxiety (fears and worry) about her future and has had a loss of important pleasurable activities that were helping her to cope like gardening. A request for 4 sessions of biobehavioral group therapy was non-certified and is the focus of this Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavioral group therapy (4 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, 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 and Stress chapter: group therapy.

Decision rationale: This patient had a comprehensive psychological assessment and report conducted which recommends that she receive individual psychotherapy treatment, she appears to have had 4 sessions to date, but the notes provided for this IMR only included for sessions #2 and #4. The original non-certification of 4 group biobehavioral sessions was based on the issue that group therapy is recommended for pain patients who also have Post-traumatic stress disorder (PTSD) but the official medical pain treatment guidelines do not list it as a treatment for those without PTSD. Additional individual sessions (up to 10 maximum in total) of Cognitive-Behavioral Therapy (CBT) are contingent on demonstrating improved functional capacity resulting from the original 4 sessions, which was not clearly documented. The non-certification is upheld.