

Case Number:	CM13-0040845		
Date Assigned:	01/15/2014	Date of Injury:	10/09/2007
Decision Date:	08/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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:

The claimant is a 53 year-old male with a date of injury of 10/9/07. The claimant sustained injuries to his neck, chest, and right shoulder when he climbed down into a 4 foot wide dirt trench that was approx. 7.5 feet deep and the trench caved in, causing the claimant to be covered with dirt up to his neck. The claimant sustained these injuries while working as a laborer for [REDACTED]. In his 8/9/13 Pain Medicine Re-Evaluation, [REDACTED] diagnosed the claimant with: cervical radiculopathy, cervical spinal stenosis, chronic pain other; and AOE/COE issues lumbar spine, hips, knee, and elbow. Additionally, in his PR-2 report dated 11/11/13, [REDACTED] diagnosed the claimant with: right shoulder rotator cuff tear s/p RCR sadand Mumford; cervical spine arthritis - radicular sx (under the care of [REDACTED]), impingement syndrome, shoulder, bilateral carpal tunnel syndrome and abdominal pain. It is also reported that the claimant has developed psychiatric symptoms secondary to his orthopedic injuries. In his Initial Psychological Evaluation dated 10/23/12, [REDACTED] diagnosed the claimant with: Major depressive disorder, single episode, mild, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia due to mental disorder; and psychological factors affecting medical condition, high blood pressure and headaches. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation Training 1X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 23 and 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guidelines regarding the use of relaxation techniques will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] in September 2012 and has been participating in psychological and medication management services since. The numerous Requested Progress Reports offer some information about the claimant's progress, but the information is limited. The reports do not offer information about the number of sessions completed to date nor the exact objective improvements made from the services. Other than in the initial psychological evaluation that was completed almost 2 years ago, there is no other documentation of diagnosis or treatment plan. The Requested Progress Reports simply indicate that the diagnosis is the same and the treatment plan continues to remain the continuation of services. Given that the claimant continues to exhibit symptoms, a change in the treatment plan goals and/or interventions may be reasonable. Without more specific information about the completed services, the need for additional services cannot be fully determined. As a result, the request for additional relaxation training 1x6 is not medically necessary.

Cognitive Behavioral Group Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder, pg. 48 and 49.

Decision rationale: The California MTUS does not address the treatment of depression nor the use of group therapy. The ODG does not address the use of group therapy for depression. As a result, the American Psychiatric Association Practice Guidelines for the Treatment of Patients With Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] in September 2012 and has been participating in psychological and medication management services since. The numerous Requested Progress Reports offer some information about the claimant's progress, but the information is limited. The reports do not offer information about the number of sessions completed to date nor the exact objective improvements made from the services. Other than in the initial psychological evaluation that was completed almost 2 years ago, there is no other documentation of diagnosis or treatment plan. The Requested Progress Reports simply indicate that the diagnosis is the same and the treatment plan continues to remain the continuation of services. Given that the claimant continues to exhibit symptoms, a change in the treatment plan goals and/or interventions may be reasonable. Without more specific information about the completed services, the need for additional services cannot be fully

determined. As a result, the request for additional cognitive behavioral group psychotherapy 1x6 is not medically necessary.