MAXIMUS Federal Services

Case Number:	CM13-0042852		
Date Assigned:	03/03/2014	Date of Injury:	10/06/2002
Decision Date:	04/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine 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 injured worker is a 53-year-old female who was injured on October 6, 2002, in a mechanism that was not described in the provided records. The injured worker was diagnosed with major depressive affective disorder, anxiety disorder, and insomnia due to mental disorder. The provided records indicate the injured worker injured the lower back, right shoulder, left knee, and right hip during the work injury. The medical records indicate the injured worker attended psychological evaluations on an approximate monthly basis through 2013. The most recent psychological follow-up provided for review is dated December 20, 2013, which noted the injured worker was compliant with medications, with no side effects. Improved mood and sleeping were reported. The most recent treating physician evaluation provided for review is dated February 6, 2014, which noted electrodiagnostic testing and MRI of the lumbar spine had been recommended. Continued lower back pain and severe radiculopathy was noted. The physical examination documented tenderness of the paraspinal muscles with muscle spasming noted. Palpable trigger points were noted. Range of motion was decreased. Straight leg raise testing was positive. Motor strength was normal. Sensation was decreased. Norco 10/325 mg and ibuprofen 800 mg were continued. No significant functional improvement, as defined in the California Medical Treatment Utilization Schedule, was documented, including increased work functions or activities of daily living, or decreased physical impairments.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

Decision rationale: The California Medical Treatment Utilization Schedule states that psychological treatment is recommended for appropriately identified individuals during treatment for chronic pain. The medical records provided for review indicate the injured worker attended copious amounts of psychologic treatment throughout 2013. The most recent evaluation indicated the injured worker's symptoms were stable with medications, with no side effects noted. No functional improvement with the current therapy was noted in the most recent evaluation, and additional cognitive behavioral group psychotherapy is not supported. Additionally, based on the lack of significantly symptomatic psychologic issues not controlled with the current therapy, additional cognitive behavioral group psychotherapy is not supported. The request for cognitive behavioral group psychotherapy, one time per week, for six weeks is not medically necessary.

PSYCH TREATMENT AS INDICATED BY PSYCHIATRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

Decision rationale: The California Medical Treatment Utilization Schedule states that psychological treatment is recommended for appropriately identified individuals during treatment for chronic pain. The medical records provided for review indicate the injured worker attended copious amounts of psychologic treatment throughout 2013. The most recent evaluation indicated the injured worker's symptoms were stable with medications, with no side effects noted. The request is vague with no duration, quantity, or specific type of treatment noted and as such, the request for the undefined treatment of psychologic treatment as indicated by psychiatrist is not supported. Based on this lack of significantly symptomatic psychologic issues not controlled with the current therapy, the request for psychologic treatment, as indicated by psychiatrist is not medically necessary.

RELAXATION TRAINING 1 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

Decision rationale: The California Medical Treatment Utilization Schedule states that psychological treatment is recommended for appropriately identified individuals during treatment for chronic pain. The medical records provided for review indicate the injured worker attended copious amounts of psychologic treatment throughout 2013. The most recent evaluation indicated the injured worker's symptoms were stable with medications, with no side effects noted. Based on this lack of significantly symptomatic psychologic issues not controlled with the current therapy, the request for relaxation training, one time per week, for six weeks is not medically necessary.