

Case Number:	CM13-0052836		
Date Assigned:	01/29/2014	Date of Injury:	04/21/2011
Decision Date:	05/08/2014	UR Denial Date:	09/16/2013
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 Board Certified in Family Practice and is licensed to practice in Texas. 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 patient is a 50-year-old male who reported an injury on April 21, 2011. The injury reportedly occurred when he jumped off a runaway tractor. He is diagnosed with status post right ankle surgery with internal fixation and chronic cervical spine sprain/strain. He complains of intermittent neck pain with pain and tingling sensations radiating to his upper back as well as pain in his arms; intermittent back pain with radiation of numbness and tingling down his legs and intermittent right foot pain. It was indicated that the patient reports his pain was well controlled with his medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health & Stress Chapter, Group Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: According to the California MTUS Guidelines, psychological treatment may be recommended for appropriately identified patients during the treatment for chronic pain. The

clinical information submitted for review indicates that the patient has had significant pain since his 2011 injury. However, the compensable injury failed to provide any evidence of psychological factors or a psychological evaluation where it was indicated that the patient required group medical psychotherapy. In the absence of further details regarding the patient's need for this treatment and as the request failed to indicate the number of visits and duration of treatment, the request is not supported. As such, the request is non-certified