

Case Number:	CM13-0055658		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2008
Decision Date:	07/29/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 injured worker is a 47-year-old female with a reported injury on 04/03/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/30/2013 reported that the injured worker complained of chronic neck and right upper extremity pain. It was also reported that the injured worker complained of anxiety and depression. The physical examination of the injured worker's cervical spine revealed significant tenderness to palpation along the cervical paraspinal muscles with significant muscle tension extending into the upper back and mid back. The range of motion of the cervical spine was decreased by 90% with flexion and extension and decreased by 80% with rotation bilaterally. The injured worker's prescribed medication list includes Diflucan, Seroquel, Ketamine 5% cream, Tramadol/acetaminophen, Gabapentin, Protonix, and Venlafaxine. The injured worker's diagnoses included cervical spondylosis without myopathy; epicondylitis lateral; tension headache; and pain in joint, shoulder. The provider requested psychoeducational group sessions due to the injured worker's diagnosis of depression. The request for authorization was submitted 11/20/2013. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHO-EDUCATIONAL GROUP SESSIONS X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MENTAL HEALTH/STRESS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The request for Psycho-Educational Group Sessions x 6 is non-certified. The injured worker complained of anxiety and depression. The treating physician's rationale for the psychoeducational group session is due to the injured worker's diagnosis of depression. The CA MTUS guidelines recommend psychological treatments for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The steps include: Identify and address specific concerns about pain and enhance interventions that emphasize self-management; identify patients who continue to experience pain and disability after the usual time of recovery; and pain is sustained in spite of continued therapy (including the above psychological care). The Official Disability Guidelines for psychotherapy guidelines include up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) There is lack of clinical information indicating the prescribed medications' efficacy on the injured worker's depression. There is a lack of clinical information indicating the injured worker's depression and anxiety were unresolved to physical medicine. Within the clinical notes, there is a lack of psychological symptoms and deficits to support the necessity of the requested treatment. Given the information provided, there is insufficient evidence to determine appropriateness of psychoeducational group sessions to warrant medical necessity. As such, the request for request for Psycho-Educational Group Sessions x 6 is not medically necessary and appropriate.