

Case Number:	CM13-0056692		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2009
Decision Date:	03/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 63-year-old with a date of injury of 11/1/09. According to medical records, the claimant sustained bodily injuries as well as an injury to his psyche when he was chased by an assailant with a gun while working as an apartment manager for [REDACTED]. It is reported that the claimant ran fast upstairs and fell on several occasions during the incident, rupturing his Achilles tendon and breaking his medial malleolus. In his "Follow-Up Pain Management Consultation and Review of Medical Records" report dated 10/31/13, [REDACTED] diagnosed the claimant with: (1) Lumbar degenerative disc disease with bilateral neural foraminal narrowing and associated facet hypertrophy; (2) Bilateral lower extremity radiculopathy, right greater than left; (3) Status post Achilles tendon rupture with medial malleolus fracture; and (4) Medication induced gastritis. In regards to the claimant's psychological issues, he has been diagnosed by [REDACTED] with: (1) Major depressive disorder, single episode; (2) Posttraumatic stress disorder; (3) Male hypoactive sexual desire disorder; and (4) Insomnia. 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:

Six group psychotherapy 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 (ODG), Mental Illness and Stress Chapter

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

Decision rationale: The Expert Reviewer's decision rationale: The CA MUS does not address the treatment of depression or PTSD (post-traumatic stress disorder) therefore, the Official Disability Guidelines regarding the behavioral treatment of PTSD, particularly complex cases of PTSD and depression will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and [REDACTED] since the claimant's initial psychological evaluation with [REDACTED] on 11/21/12. The exact number of completed sessions to date is unknown. In the various progress reports offered for review, there is little information provided indicating any progress and improvement from the completed services. The ODG specifically indicates that for continued treatment, there needs to be some evidence of objective functional improvement or progress. Without this information, the need for further services is not established. The request for six group psychotherapy sessions is not medically necessary or appropriate.

Six relaxation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS does not address the use of relaxation skills therefore, the Official Disability Guideline regarding the use of stress management, behavioral/cognitive (interventions) will be used as reference for this case. According to the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and [REDACTED] since the claimant's initial psychological evaluation with [REDACTED] on 11/21/12. The exact number of completed relaxation sessions to date is unknown. In the various progress reports offered for review, there is little information provided indicating any progress and improvement from the completed relaxation services. It is also vague as to what relaxation services are being utilized. Without more information regarding the exact services being rendered and whether those services have provided any improvement, the need for continued relaxation services cannot be established. The request for six relaxation sessions is not medically necessary or appropriate.