

Case Number:	CM13-0057298		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2008
Decision Date:	04/01/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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 46-year-old female who reported an injury on 04/01/2008. The patient sustained an amputation to her right ring finger as an industrial metal trash container rolled forward and struck her right hand. The patient is diagnosed with major depressive disorder, post traumatic stress disorder, insomnia, stress-related physiological response affecting headaches, status post orthopedic injury and headaches, and health problems and physical appearance of her amputated right ring finger. The patient was seen by [REDACTED] on 10/30/2013. The patient reported depressive symptoms. Objective findings included an anxious and sad mood, nervousness, bodily tension, and significant depressive and anxious symptoms. Treatment recommendations included cognitive behavioral group psychotherapy once per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for cognitive behavioral group psychotherapy one (1) time a week for twelve (12) weeks: Upheld

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

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

Decision rationale: With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, there is no indication of this patient's previous participation in psychotherapy. While the patient does meet criteria for cognitive behavioral therapy, the current request for 12 sessions of cognitive behavioral group psychotherapy exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.