

Case Number:	CM13-0065907		
Date Assigned:	04/04/2014	Date of Injury:	10/04/2011
Decision Date:	06/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Psychiatry 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:

This 37 year old male had a date of injury 10/4/2011. The date of the Utilization Review (UR) decision was 11/21/2013. The Injured Worker (IW) suffered industrial injury from a fall at work which resulted in loss of consciousness and other physical injuries resulting in chronic pain. Underwent surgery, acupuncture, medication treatment. Report from 09/11/2011 indicates subjective complaints of feeling tired, sad, helpless, hopeless, lonely, afraid, angry, irritable, difficulty remembering things, concentrating and making decisions, lost interest in activities, has flashbacks and intrusive recollections of the industrial accident. Diagnosis given to IW were: Depressive ds NOS; Post-traumatic stress disorder (PTSD), in partial remission, chronic; Insomnia related to PTSD and Psychological factors affecting medical condition, headaches. BAI score was 10 (mild anxiety), BDI score of 16 (mild depression), MMPI-2 results were reviewed. The psychological results indicated that IW is experiencing clinical symptoms of anxiety and depression. Report from 10/12/2012 suggested findings of 3-4 hrs of sleep, feelings of sadness, hopelessness, helplessness, nervous, anxious, irritable and restless. The IW was started on Wellbutrin and Trazodone at that visit. Report from 1/18/2013 suggested objective findings of improved mood but still sad and anxious.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY ONE TIME A WEEK FOR SIX WEEKS RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker might benefit from CBT group psychotherapy for right wrist. However MTUS recommends an initial trial of 3-4 psychotherapy visits over 2 weeks. The request for once a week CBT groups for 6 weeks is excessive and thus the request is not medically necessary and appropriate.