

Case Number:	CM13-0067284		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2009
Decision Date:	06/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The patient is a 46 year old female with date of injury 6/30/2009. Date of UR decision was 11/26/2013. The injured worker(IW) had an industrial injury to neck, bilateral shoulders, elbows, fingers and lower back. She was treated with medications, physical therapy and underwent left elbow lateral epicondyle release. Progress report from 11/12/2013 by the psychologist lists that the IW has developed anxiety and depression s/p injury. Subjective complaints include feeling sad, helpless, hopeless, less energy, crying episodes, appetite/weight changes, lack of sexual drive, emotional, nervous, difficulty concentrating, sleep difficulties. Objective findings include anxious and depressed mood, depressive affect, poor concentration. The request for 12 sessions of CBT group psychotherapy was modified to 4 by the UR physician on 11/26/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY, ONCE A WEEK FOR TWELVE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines

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

Decision rationale: MTUS recommends initial trial of 3-4 psychotherapy sessions, and total of 6-10 visits based on evidence of objective functional improvement. Request for once weekly cognitive behavioral group psychotherapy for 12 weeks is excessive and not medically necessary.