

Case Number:	CM13-0069426		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2007
Decision Date:	05/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 55-year-old female who reported an injury on 08/14/2007 secondary to repetitive movement of the upper extremities. She had a trigger finger release of the right ring finger in 04/2011 and right middle finger on 07/27/2012. She was evaluated on 04/22/2013 and reported residual weakness in the right hand and pain in the right shoulder with stiffness. The injured worker was noted to have decreased range of motion in the right shoulder and 50% loss of strength in the right hand. Her diagnoses included cervical strain and right shoulder impingement. According to the documentation provided, the injured worker has taken unspecified pain medications and attended an unknown number of physical therapy sessions which improved but did not resolve pain. The injured worker was also noted to have a history of depression, had a psychiatric evaluation on 10/02/2013, and reported feelings of fatigue, sadness, social isolation, appetite changes, difficulty concentrating, sleeping difficulties, and chronic pain. She completed the following psychometric testing: Beck Anxiety Inventory with a score of 11, and Beck Depression Inventory II with a score of 14. The diagnoses at that time included depressive disorder, anxiety disorder, and insomnia. The injured worker completed an unknown number of group psychotherapy sessions and reported improved mood and "levels of motivation" according to a progress note on 11/18/2013. A request for authorization form was submitted on 11/11/2013 for 12 weeks of medical group psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) WEEKS OF MEDICAL GROUP PSYCHOTHERAPY: Upheld

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

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 and Stress, Cognitive Behavioral Therapy.

Decision rationale: The injured worker has been diagnosed with depressive disorder and anxiety disorder. The California MTUS chronic pain guidelines recommend psychological treatment to include individual or group therapy for chronic pain with a short-term goal of pain interference and a long-term goal of returning to work. These guidelines do not address duration or frequency of treatment. The Official Disability Guidelines (ODG) recommends an initial trial of 6 psychotherapy visits and supports a total of 20 visits with evidence of objective functional improvement. Although the progress note provided indicates that the patient reported "improved mood," there is not sufficient evidence of objective functional improvement. Furthermore, the information provided fails to document the number of psychotherapy sessions already completed, and the request does not specify a frequency or number of visits. As such, the request for 12 weeks of medical group psychotherapy is noncertified.