

Case Number:	CM13-0071066		
Date Assigned:	01/08/2014	Date of Injury:	05/21/2013
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 Clinical Psychology, has subspecialties in Health Psychology and Pain Management, 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 68 year old male who reported an industrial injury on 5/21/13 in the course of his duties for [REDACTED]. The mechanism of injury was a ~1.5 ton machine falling on him. He was transported to an emergency center with severe pain in his low back. Also, during the accident his foot was stepped on by a coworker in the rush to get him help; this is relevant because he has diabetes and the foot eventually became infected. Several toes had to be amputated. There was an incident of verbal harassment in the work place after he returned to work from his injury. He has been diagnosed with major depressive disorder, single episode; generalized anxiety disorder; insomnia; and stress-related psychological response affecting his general medical condition, manifesting in GI disturbances and headaches. The patient reports having continued upper mid and lower back pain with psychological distress symptoms; he is tired, sad, irritable, depressed, and fearful, and experiences headaches and a low sex drive.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY WEEKLY FOR 24 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS guidelines state that a treatment block of six cognitive behavioral therapy sessions can be initially provided and, with clearly documented objective functional improvements, 13-20 additional sessions can be provided. There is a mention that the patient has already had 17 sessions of group therapy. No progress treatment notes from these sessions were included, neither was there a summary of these sessions. There was no evidence of functional improvements from this treatment provided if they occurred. This request for 24 sessions not only exceeds the maximum amount, but it also neglects to address the initial requirement for six sessions as a trial to see if the therapy is effective. As such, the request is not medically necessary.