

<b>Case Number:</b>	CM14-0000538		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 licensed in Psychology, 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 claimant is a 38 year-old male (DOB) with a date of injury of 1/4/08. The claimant sustained multiple orthopedic injuries when he fell 24 ft. backwards, breaking both feet and injuring his neck, shoulders, and back while working as a laborer for ██████████. In his PR-2 report dated 6/4/14, ██████████ diagnosed the claimant with: (1) Sprain/strain C-Spine; (2) Post lami synd; and (3) Back ache. Additionally, ██████████ in his PR-2 report dated 6/12/14, diagnosed the claimant with: (1) Healed intraarticular calcaneal fracture, right foot status post pen reduction internal fixation; (2) Severe posttraumatic arthritis, right subtalar joint secondary to #1; (3) Pilon fracture, left tibia with fibular fracture, status post oped reduction internal fixation; (4) Posttraumatic arthrofibrosis/arthritis, right ankle, secondary to #3; and (5) Multiple retained screws to both feet and ankles causing soft tissue irritation. Lastly, in a report dated 5/15/14, ██████████ diagnosed the claimant with: (1) Bilateral tib-fib fractures; (2) Diabetes mellitus; (3) Hypertension with left atrial enlargement post injury; (4) Dyspnea/deconditioning secondary to orthopedic injury; and (5) Sleep maintenance insomnia/obstructive sleep apnea secondary to #1. The claimant has been treated via physical therapy, medications, acupuncture, TENS unit, and surgery. It is also reported that the claimant has developed psychiatric symptoms in addition to his orthopedic injuries and chronic pain. In her Psychological Evaluation and request for treatment authorization dated 9/26/13, ██████████ diagnosed the claimant with Depressive disorder, high moderate range and Pain disorder associated with both psychological factors and orthopedic condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 10 additional group pain cognitive behavioral sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment ( CA MTUS 2009); Behavioral interventions Page(s): 101-102, 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** The California MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used for this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] on 9/26/13 and completed an initial 4 group psychotherapy sessions. There is only one treatment note dated 10/8/13 included for review. Without additional information about the objective functional gains from the completed sessions as well as the current symptom presentation, the need for additional sessions cannot be determined. As a result, the request for Prospective request for 10 additional group pain cognitive behavioral sessions is not medically necessary.