

Case Number:	CM14-0101727		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2006
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Psychologist 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 51-year-old male who reported an injury on 10/28/2006. The mechanism of injury was not specifically stated. Current diagnoses include major depressive disorder and rule out cognitive disorder. The injured worker was evaluated on 04/03/2014 with complaints of anxiety and frustration. It was noted that the injured worker ambulated with the assistance of a walker and a cane. Cognitive behavioral therapy is ongoing along with breathing exercises, relaxation exercises, and exercises to identify negative thoughts. Treatment recommendations included individual cognitive behavioral therapy and group sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy one time a week for three months: Upheld

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

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

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended. The California MTUS Guidelines utilize ODG cognitive behavioral therapy

guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the injured worker has continuously participated in cognitive behavioral psychotherapy. However, there is no documentation of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate in this case.

Individual cognitive behavioral therapy two times a week for three months: Upheld

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

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

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended. The California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the injured worker has continuously participated in cognitive behavioral psychotherapy. However, there is no documentation of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate in this case.