

Case Number:	CM14-0105111		
Date Assigned:	07/30/2014	Date of Injury:	05/31/2006
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 58-year-old male who reported an injury on 05/31/2006. The mechanism of injury was not stated. The current diagnosis is mild depression. The injured worker was evaluated on 01/27/2014. It was noted that the injured worker reported an improvement in symptoms with group psychotherapy and current medications. The injured worker reported persistent pain interfering with activities of daily living, bouts of anxiety, headaches, and insomnia. Objective findings include a sad and anxious mood, fatigue, bodily tension, apprehension, poor concentration, and persistent symptoms of anxiety with depression. Treatment recommendations at that time included cognitive behavioral group psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six cognitive behavioral group psychotherapy 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 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize the Official Disability Guidelines (ODG) cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be appropriate. The injured worker has participated in psychotherapy since 12/2013. There is no documentation of objective functional improvement that would warrant the need for ongoing treatment. As such, the request is not medically necessary.