

Case Number:	CM14-0013328		
Date Assigned:	04/16/2014	Date of Injury:	05/21/2012
Decision Date:	08/19/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Board Certified in Psychology and is licensed to practice in Utah. 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:

This 47 year old patient had a date of injury on 5/21/2012. The mechanism of injury was he dropped a bottle of chemical that splashed onto his forehead resulting in putative chemical burn with continued related pain complaints. On a physical exam dated 7/24/2014, the patient is having persistent pain to his knee and experiencing depression. Subjective symptoms were not noted on this progress report. Diagnostic impression shows chronic cervical spine strain/sprain with multilevel disc protrusion, left knee sprain/strain with partial tear of anterior cruciate ligament. Treatment to date: medication management, behavioral modification. A UR decision on dated 1/27/2014 denied the request for cognitive behavioral group psychotherapy 1x/week for 12 weeks, there is no current psychological evaluation to provide an explanation for any continuing or exacerbated pain complaints, pain behavior, and dysfunction and therefore provide a basis for intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY (1) TIME A WEEK FOR (12) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 102.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines states that regarding psychological treatment, it is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). In the reports viewed, it is not clear why the patient needs group therapy as opposed to individual therapy. Furthermore, the 12 weeks requested far exceeds the recommended initial trial of 4 psychotherapy visits over 2 weeks. Therefore, the request for Cognitive Group Psychotherapy 1x week over 12 weeks is not medically necessary.