

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0115929 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/30/2011 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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 Clinical 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:

According to the records provided for this independent medical review, this patient is a 39-year-old male who reported an industrial/occupational work-related injury on April 30, 2011. The injury reportedly occurred when the patient was engaged in his normal work duties when he fell from a sixth floor to the fifth floor balcony approximately 18 feet below and sustained multiple injuries resulting in hospitalization. The patient reports continued symptoms of constant neck pain radiating to the head, headache, bilateral shoulder pain radiating to the bilateral arms, bilateral knee pain radiating to the lower extremities and psychological symptoms including depression with hopelessness and despair. There is a report of sexual dysfunction in both internal and external hemorrhoids. The patient has been diagnosed with Major Depressive Disorder, Single Episode; Posttraumatic Stress Disorder; and Insomnia. A request was made for cognitive behavioral therapy one session per week for six weeks, the request was not certified. This independent medical review will address a request to overturn the decision.

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 session per week for 6 weeks: 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 Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy (June 2014 Update).

Decision rationale: According to the MTUS/ODG guidelines for psychotherapy, after initial treatment trial consisting of either 3 to 4 sessions (MTUS) or six sessions (ODG) patients may be eligible to receive additional sessions based on objective functional improvement in progress being made. The total number of additional sessions may be offered 13-20 maximum is contingent on the patient demonstrating objective functional improvement based on the sessions he has received because it's impossible for me to determine whether or not this is an initial treatment request for a request for further treatment, and because there was no documentation provided whatsoever the patient's psychological symptoms from the requesting psychologist, although there was mention of the patient's psychological symptomology that was provided by the patient's primary treating medical physician. Therefore, medical necessity is not demonstrated in a manner that would allow me to overturn this treatment denial. It may quite well be that the patient does require additional psychological group therapy, however the medical records that were provided do not clearly indicate whether he is eligible or not for it. Documentation for treatment requests is very specific, it requires information from the retreating psychologist with respect to prior treatment, the patient's diagnosis, and whether or not prior treatment has resulted in objective functional improvement as defined as a reduction in work restrictions (if applicable) and improvement in activities of daily living, and importantly a reduction in the dependence on future medical interventions. None of this information was provided. If this is in fact an initial new treatment request, which appears to be unlikely but possible, then information regarding this fact needs to accompany the request for treatment as an explanation. Therefore, the determination is that medical necessity was not established.