

Case Number:	CM14-0119174		
Date Assigned:	08/06/2014	Date of Injury:	09/12/2012
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 Psychiatry, has a subspecialty in Psychiatry Child & Adolescent 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 injured worker is a 42 year old male with a September 12, 2012 date of injury. The mechanism of injury is described as a 3000 pound mold falling on top of the worker crushing the right leg, as he was performing routine duties as a warehouse materials handler. Subsequently the injured worker was diagnosed with open fracture of right tibia/ankle with marked crush injury; emergency surgery was performed as intervention of crush injury. A physical therapy progress note dated March 19, 2014 notes subjective complaints of ongoing pain and weakness in the right leg. At that time, the injured worker was nine months status post right tibia posterior lateral bone graft. The injured worker underwent thirty post operative physical therapy sessions. Lower extremity sensory testing from L1 to S1 dermatome was normal in all muscle groups. The injured worker is noted to have used a walker to prevent placing full weight onto the right leg. A diagnosis of Major Depressive Affective Disorder Single Episode Moderate Degree is noted. A psychological assessment dated February 24, 2014 objectifies the injured worker as responsive to treatment and recommended continued mental health intervention. Cognitive behavioral group psychotherapy once per week for six weeks in addition to relaxation training/hypnotherapy for six weeks is noted as the treatment plan as part of a continuum of care to help cope with pain, physical condition, emotional symptoms, and stress management. Approximately 24 of these sessions have been completed without specific functional improvement, resulting in denial of a similar request dated July 09, 2014.

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 X 6 Weeks,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Treatment guidelines Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Group therapy.

Decision rationale: MTUS is not applicable, as it does not address Group Therapy. The ODG indicate that Group Therapy is a useful treatment option for individuals diagnosed with Post Traumatic Stress Disorder (PTSD). The guidelines do not indicate recommendations for Major Depression. Instead, the recommendations for Major Depression are for individual psychotherapy, not for Group Therapy, and specifically Cognitive Behavioral Therapy (CBT). The injured worker is not diagnosed with PTSD. The request for group therapy is therefore not medically necessary on this basis.

Relaxation Training, Hypnotherapy 1 X 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment guidelines Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Hypnosis.

Decision rationale: MTUS is not applicable, as it does not address Hypnosis. The ODG indicate that Hypnosis is a useful treatment option for individuals diagnosed with Post Traumatic Stress Disorder (PTSD). The guidelines do not indicate recommendations for Major Depression. The injured worker is diagnosed with Major Depression, not diagnosed with PTSD. The request for hypnotherapy is therefore not medically necessary.