MAXIMUS Federal Services

Case Number:	CM14-0133894		
Date Assigned:	08/25/2014	Date of Injury:	06/22/2010
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 48-year-old male who reported an injury on 06/22/2010. The mechanism of injury was not provided. On 02/03/2014 the injured worker presented with increased in his right SI joint status post injection with no significant improvement. Upon examination there was decreased range of motion in the lumbar spine and increased tenderness to palpation in the lumbar spine and right SI joint. There was decreased sensation to pinprick in the right foot and the L5-S1 dermatomes. There was weakness noted in the right lower extremity with a negative straight leg raise and muscle spasms in the lumbar spine noted. The diagnoses were cervical sprain/strain with multilevel degenerative disc disease, lumbar spine sprain/strain with multilevel degenerative disc disease and disc protrusion, and right shoulder impingement syndrome. Prior therapy included a transcutaneous electrical nerve stimulation (TENS) unit and medications. The provider recommended an interactive group psychotherapy session. The provider's rationale was not provided. The request for authorization form was dated 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interactive group psychotherapy sessions QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for Interactive group psychotherapy sessions times 12 is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after lack of progress from physical medicine alone. An additional trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up 6 to 10 over 5 to 6 weeks would be recommended. The requesting physician did not include a psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish a baseline at which to measure the efficacy of treatment during therapy. The request for Interactive group psychotherapy sessions times 12 exceeds the guideline recommendation. As such, medical necessity has not been established.