

Case Number:	CM14-0134198		
Date Assigned:	08/27/2014	Date of Injury:	10/09/2007
Decision Date:	09/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 61-year-old male who reported an injury on 10/09/2007. The mechanism of injury was not provided amongst the documentation submitted for review. His diagnosis was noted to be cervical sprain/strain with neuropathic pain of the right upper extremity. Prior treatment was noted to be medications. He was noted to have prior surgery of the lumbar spine. The injured worker had diagnostic imaging studies. The injured worker had a clinical evaluation on 07/25/2014. His subjective complaints were noted to be anger and anxious symptoms. He had difficulty with remembering things and concentrating and noted decreased sexual desire. The objective findings revealed nervous, tense, frustrated, and anxious behavior. The injured worker was preoccupied about his pending surgical procedure, the future, and his financial circumstances. Treatment goals include decrease frequency and intensity of depressive symptoms, improvement in the duration and quality of sleep, decrease in frequency and intensity of anxious symptoms. The treatment plan was noted to be cognitive behavioral individual psychotherapy. The provider's rationale for the request was not noted within the documentation provided for 07/25/2014. A Request for Authorization form was provided and dated 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy: 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 Page(s): 23.

Decision rationale: The request for Group medical psychotherapy is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The behavioral guidelines for chronic pain include screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone occurs. An initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The documentation submitted for review does not indicate a treatment goal for group medical psychotherapy. The treatment plan is for cognitive behavioral individual psychotherapy. Additional documentation will need to be submitted to consider a group medical psychotherapy request. As such, the request for Group medical psychotherapy of unknown visits and over an unknown duration of treatment is not medically necessary.