

Case Number:	CM14-0158071		
Date Assigned:	10/01/2014	Date of Injury:	06/24/2011
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

Injured worker is a 48 year old female with date of injury 6/24/2011. Date of the UR decision was 9/11/2014. Mechanism of injury was described as cumulative trauma at work leading to chronic pain in multiple body parts. She was certified for 4 Cognitive Behavior Therapy sessions from 9/12/2014 onwards. Report dated 10/6/2014 stated that the injured worker presented with complaints of neck, low back pain radiating to bilateral upper and lower extremities associated with numbness and tingling in the legs. It was documented that he had participated in psychological counseling twice so far for help with emotional issues related to the pain. Injured worker preferred not to take oral medications and was prescribed Flector patch. Psychological testing performed on 8/25/2014 revealed severe levels of depression and depression based on the scores of 45 and 34 on Beck Depression Inventory and Beck Anxiety Inventory consecutively. She was given diagnosis of Major Depressive Disorder, single episode, moderate; Generalized Anxiety Disorder and Sleep disorder due to medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho Education Group Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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 cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone, initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Based upon the submitted documentation, the injured worker has been authorized for 4 sessions of Cognitive Behavior Therapy (CBT) as an initial trial for management of chronic pain. The request for Psycho Education Group Therapy is not clinically indicated at this time as the injured worker is already in CBT treatment. Thus, the request is not medically necessary at this time.