

Case Number:	CM14-0165450		
Date Assigned:	10/09/2014	Date of Injury:	10/05/2006
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 46 year old female with a date of injury on 10/05/06. At that time, she sustained injuries to her back and extremities. A request for intensive outpatient psychotherapy plus substance abuse counseling was requested. However, there is no history of any previous attempts at mental health intervention at a lower level of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive outpatient therapy for 3 months (Group Therapy, Individual weekly sessions with Therapist, weekly Drug screening, and 12 Step Facilitation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for injured workers with chronic pain. The clinical documentation indicates that the injured worker has never participated in any type of cognitive behavioral therapy. The California Medical Treatment Utilization Schedule recommends a clinical trial of 3 to 4 visits of cognitive behavioral therapy as an appropriate behavioral intervention. Lacking this

level of intervention first, the intensive outpatient therapy for 3 months (group therapy, plus individual weekly sessions with therapist, weekly and drug screening, and a 12 step facilitation) is not medically necessary.