

Case Number:	CM14-0180530		
Date Assigned:	11/05/2014	Date of Injury:	01/06/2014
Decision Date:	12/09/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

According to the records that were provided for this IMR, this patient is a 52 year old male who reported a work-related injury that occurred on January 6, 2014 during the course of his employment for the city of [REDACTED]. The injury reportedly occurred while he was pulling, emptying, and cleaning out trash cans full of sand and dog waste weighing approximately 70 to 80 pounds at a local park, resulting in intermittent and severe shoulder pain. There is a handwritten note from the patient stating also that he was "injured using my city blower for 2 hours and then the line trimmer for an hour and after returning the equipment to my city truck I started to feel the pain." A progress note from his primary treating physician dated June 2014 notes slight improvement of left hip pain with residual left knee pain and increased stress at work due to coworkers questioning his health. Patient currently is on modified work duty doing computer work. Has been undergoing counseling for anxiety and depression associated with chronic pain. He has been diagnosed with: Adjustment Disorder with Mixed Disturbance of Emotion and Conduct Due To Mental Disorder. There was no further documentation regarding this patient's psychological/psychiatric condition or treatment. A request for 6 sessions one time per week of group cognitive behavioral psychotherapy was made, and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Cognitive Behavioral Psychotherapy 1x/wk X 6 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With respect to the current request for 6 sessions of group cognitive behavioral therapy, the documentation provided does not support the medical necessity of the requested treatment. Approximately 70 pages of medical records were provided, they do not establish if this was a request for new or ongoing treatment, or discuss the results of any prior treatment, if any. There were no reports from a treating mental health provider. There was no psychological evaluation provided. Medical necessity for psychological treatment is contingent on the documentation of significant symptoms as well as of specific benefit from treatment, including functional improvement. Quantity and duration of treatment also must be specifically stated in order to determine whether or not the requested additional sessions fall into the above stated guidelines. Given the lack of necessary psychological/mental health related documentation, the medical necessity for the 6 visits of psychological treatment has not been established in the utilization review determination for non-certification is upheld. Therefore this request is not medically necessary.