MAXIMUS Federal Services

Case Number:	CM14-0020831		
Date Assigned:	04/30/2014	Date of Injury:	05/28/2013
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The claimant is a 62 year-old female with a date of injury of 5/28/13. The claimant sustained injuries to her left hand, shoulder, and psyche when she was attacked, knocked down, kicked, and robbed at gunpoint while working as an Eligibility Technician/Employment Counselor for the [redacted]. In her visit note dated 1/13/14, the claimant was diagnosed with anxiety and depressed mood. In addition, in the Initial Psychological Evaluation Secondary Treating Physician's Report Request For Authorization dated 10/21/13, [redacted] diagnosed the claimant with Post-Traumatic Stress Disorder. It is the claimant's psychiatric diagnosis that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENROLLMENT IN PSYCH-EDUCATIONAL GROUP PROTOCOL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EDUCATION Page(s): 44-45.

Decision rationale: Based on the review of the medical records, the claimant began psychotherapy services following [redacted] initial psychological evaluation in October 2013. She has been authorized to receive psychotherapy, group psychoeducation, and biofeedback

sessions. Despite the brevity of medical records offered for review, there are minimal progress notes/reports indicating the number of completed sessions and the objective functional improvement, if any, from those sessions. Without the documentation to support the request, the need for additional sessions cannot be determined. Additionally, the request remains vague as it does not clarify the number of group sessions nor the duration of the protocol. As a result of insuffient information and vagueness of the request, the request is not medically necessary.