

Case Number:	CM14-0033924		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2009
Decision Date:	07/30/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 California and is licensed to practice in Psychiatry. 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 46 year old female patient with date of injury 6/18/2009. The date of the UR decision was 3/5/2014. Mechanism of injury was cumulative trauma at work which resulted in injury to upper extremities. Report from 4/2/2014 indicated that she had been experiencing tingling and numbness in both hands; also suffers from difficulty sleeping at night as she gets awoken by throbbing pain. She has been doagnosed with Major Depressive Disorder, single episode; Anxiety disorder NOS; Insomnia and Psychological factors affecting general medical condition. Psychiatrist Progress Report dated 2/28/2014 suggested that she continues to endorse awakening during night. Wellbutrin prescription was continued and Trazodone dose was increased at that visit. Psychologist Report from 2/28/2014 indicated that her mood, motivation have improved and depressive symptoms have reduced. The injured worker complained of persisting pain which continues to interfere with her activities of daily living and sleep. Objective findings included sad, anxious mood, apprehension, poor concentration and bodily tension. Report from 01/17/2014 indicated that she has been attending groups but there is no evidence of any objectional functional improvement with the groups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy 1 X 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Psychological treatment, page(s) 23, 100-102.

Decision rationale: Report from 01/17/2014 indicated that she has been attending groups. Most recent Psychologist Report from 2/28/2014 indicated that her mood, motivation have improved and depressive symptoms have reduced. The injured worker complained of persisting pain which continues to interfere with her activities of daily living and sleep. Objective findings per that report included sad, anxious mood, apprehension, poor concentration and bodily tension. There is report of some subjective improvement but there is no evidence of any objectional functional improvement with the groups. Some of the available psychotherapy notes were reviewed. It appears that she had some sessions in 01/14 and some in 2/14. The number of sessions completed so far is not available and also there is no information regarding objective improvement. California MTUS suggests: 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). Upon review of the submitted documentation, it is gathered that the injured worker has had some sessions already (unknown number), with no evidence of objective functional improvement. The request for 12 more Cognitive Behavioral Group Psychotherapy would be excessive even if she had improvement with the initial trial. Therefore, the request is not medically necessary.