MAXIMUS Federal Services

Case Number:	CM14-0042153		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2013
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/13/2014

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 Psychologist 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 48-year-old female who reported an injury on 04/16/2013, reportedly sustained while she was working at [redacted]. A mental health patient was hitting another client, and her and another co-worker went to assist the patient and the patient pushed her. She flew over the bench and landed on the side. When she woke up, she was in the ambulance. She states her entire body hurt, mostly on the neck, left shoulder, low back pain. She has problems with cramps, moderate dizziness, and headaches. She also had vomiting and blurred vision. It was reported she had loss of consciousness. The injured worker's treatment history included EMG/NCV, x-ray, MRI, medications, CT scans, psychological evaluation, drug screen, surgery, trigger point injections, and ongoing psychological therapy sessions. The injured worker was evaluated on 05/01/2014, was seen for her first initial neurological evaluation and reported that the injured worker had constant headaches, located about the back of her head, characterized as 10/10 pain level. She described dizziness, vertigo, blurred vision and nausea, memory problems, depression, anxiety, sleep difficulty, and sensitivity to light and sound. She complained of intermittent pain to the sides of neck, radiating to her shoulder. She reported intermittent shoulder and upper arm pain. It was noted the pain was constant in her upper back radiating to her neck associated with stiffness and spasm. Documentation was noted the injured worker was currently not working. Physical examination revealed the injured worker was emotionally depression. Medications included Paxil, trazadone, and tramadol. Documentation submitted 12/26/2013 to 07/02/2014 indicated the injured worker undergoing group psychotherapy treatment, and she continued to be doing well with the cognitive behavioral therapy and relaxation technique. However, documents submitted failed to indicate outcome measurements of group psychotherapy treatment. Diagnoses include status post head trauma

with concussion and posttraumatic head syndrome. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psych Therapy two (2) times a month for three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment and behavioral interventions Page(s): 101 and 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

Decision rationale: The requested is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state cognitive behavioral therapy are for these Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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. The documents submitted indicated she has been undergoing treatment approximately since 04/16/2013 and was doing well with cognitive behavioral therapy and relaxation technique. However the documents submitted lacked notes indicating functional improvement for the injured worker. In addition, there documents submitted lacked the injured worker outcome measurements of conservative care measures such as, pain management and physical medicine. Therefore, the request for group psychotherapy (2) times a month for three (3) months is non-certified.