

Case Number:	CM14-0049815		
Date Assigned:	07/07/2014	Date of Injury:	03/28/2001
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 61-year-old female who reported an injury on 03/28/2001, with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/31/2014, the injured worker reported improved mood and motivation with treatment. However, it was also noted that she had difficulty falling asleep without medications and reported persistent pain which interfered with her activities of daily living and her sleep. It was noted that the injured worker felt sad and anxious and appeared tired with bodily tension and was apprehensive. It was noted that the injured worker appeared preoccupied about her physical condition and her future. It was also noted that the injured worker was in need of continued treatment due to persistent symptoms of anxiety and depression. The treatment goal was included for the injured worker to decrease frequency and intensity of depressive symptoms, improve duration and quality of sleep, and decrease frequency and intensity of anxious symptoms. It was noted that the injured worker had made some progress towards her current treatment goals as evidenced by a report of improved mood and motivation with treatment and reported sleep and levels of depression and anxiety had improved with medication. The treatment plan included a request for cognitive behavioral group psychotherapy sessions, once per week to help the injured worker cope with her physical condition, levels of pain, and emotional symptoms for 6 weeks. A request for relaxation training sessions once per week to help the injured worker manage stress and her levels of pain for 6 weeks was also submitted. The injured worker was also to continue with psychiatric treatment as indicated by a psychiatrist. The request for authorization for group medical psychotherapy sessions was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Group medical psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Shoulder Complaints, Stress Related conditions. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavior Therapy guidelines for chronic pain.

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

Decision rationale: The request for 6 group medical psychotherapy sessions is not medically necessary. The California MTUS Guidelines state that cognitive behavioral therapy for injured workers with risk factors for delayed recovery, and creating fear avoidance beliefs. Initial therapy for these at-risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration for psychotherapy may include a cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone, an initial trial of 3 to 4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). In the clinical notes provided for review, there was a lack of documentation of a fear avoidance beliefs questionnaire or documentation of the injured worker's progress, or lack thereof, from physical therapy. Furthermore, it is indicated that the injured worker is still in individual psychotherapy and there was a lack of documentation of a rationale for group psychotherapy sessions. Therefore, the request for 6 group medical psychotherapy sessions is not medically necessary.