

Case Number:	CM14-0053437		
Date Assigned:	07/07/2014	Date of Injury:	08/08/2012
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 36-year-old male who reported an injury on 09/08/2012 due to a slip and fall. On 03/10/2014, the injured worker reported pain in his low back rated at an 8/10 to 10/10 and with medications the pain is reduced to a level of 5/10. He described a burning sensation from the low back to the bilateral lower extremities with right greater than left, a pulsing sensation in his gluteus down to the back of his right knee, and increased cramping and bilateral numbness in his feet at night. He endorsed symptoms of depression including irritability, impatience, frustration, ongoing stress, anxiety, and nervousness. He denied current suicidal or homicidal ideation. It was noted that he had completed psychological testing in Spanish; however, the only scores provided were the scores for the Fear Avoidance Belief and Epworth Sleepiness Scale which showed a score of 16. His psychiatric diagnoses included depressive disorder with anxious features in the high to moderate severe range, psychological factors affecting an orthopedic/chronic pain condition, and right sciatica secondary to right L5-S1 herniated disc and lumbar myofascial strain and spondylosis. His medications included Norco, Flexeril, Naprosyn, omeprazole, and tramadol. Past treatment therapies included medications. The treatment plan was for a Spanish-Speaking Pain Education And Coping Skills group 1 time a week for 10 weeks. The Request for Authorization Form was signed on 03/24/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spanish Pain Education And Coping Skills Group1 Time A Week For 10 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Group Therapy, Cognitive Therapy for depression.

Decision rationale: The request for a Spanish Pain Education And Coping Skills Group 1 time a week for 10 weeks is not medically necessary. The injured worker had diagnoses of depressive disorder with anxious features in the high moderate to severe range and psychological factors affecting an orthopedic/chronic pain condition. Psychological tests were performed; however, the only scores provided were the scores for the Fear Avoidance Belief and Epworth Sleepiness Scale which showed a score of 16. It was stated that the injured worker's scores were in the very severe range for symptoms of depression and anxiety. The Official Disability Guidelines state that group therapy is recommended as an option for patients with posttraumatic stress disorder. However, current findings do not favor any particular type of group therapy over other types. It further states cognitive therapy for depression is supported for up to 13-20 sessions over 7-20 weeks with an evaluation of symptom improvement during the process. Based on the clinical information provided, the injured worker would benefit from some type of psychological intervention. However, the necessity for group therapy over other types of therapy is unclear. In addition, the scores from the psychological tests performed were not provided. Without the psychological test scores, necessity of the request cannot be determined. The request does not follow guideline recommendations. Given the above, the request for Spanish Pain Education And Coping Skills Group is not medically necessary.