MAXIMUS Federal Services

Case Number:	CM14-0060062		
Date Assigned:	07/09/2014	Date of Injury:	03/20/2013
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 26 year-old female ([redacted]) with a date of injury of 3/20/13. The claimant sustained injury to her head and back when a 12 ft. stack of plastic totes crashed down, hitting the claimant's whole body, particularly impacting her head and back. The claimant sustained this injury while working for [redacted]. It is also reported that the claimant has developed psychiatric symtpoms secondary to her work-related orthopedic injuries. In her Specialist's Initial Evaluation dated 4/7/14, [redacted] diagnosed the claimant with: (1) Chronic pain syndrome associated with both psychological factors (mild depression and moderate anxiety) and a general medical condition; (2) Depressive disorder NOS; and (3) Generalized anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines-Cognitive Behavioral Therapy (CBT). Mental Illness and Stress Chapter Group Therapy.

MAXIMUS guideline: decision on the MTUS ACOEM Practice Guidelines, Chapter 15 Stress Related Conditions, page 398-404 and on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The ACOEM guideline regarding referral and the Official Disability

Guideline regarding the use of office visits will be used as references for this case.Based on the review of the medical records, the claimant completed an initial psychological evaluation with treating psychologist, [redacted]. In her 4/7/14 report, [redacted] recommended that the claimant be authorized for a psychiatric medication evaluation due to her symptoms of depression and anxiety. Given that the claimant has been experiencing both depressed mood as well as anxiety, a referrals to a psychaitrist for a medication evaluation appears reasonable. As a result, the request for a Psychiatric Evaluation is medically necessary.

[redacted] **Pain Management Support Group:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines-Cognitive Behavioral Therapy (CBT). Mental Illness and Stress Chapter Group Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (CA MTUS 2009)ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118).

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case.Based on the review of the medical records, the claimant completed an initial psychological evaluation with treating psychologist, [redacted]. In her 4/7/14 report, [redacted] discussed the claimant's symptoms of depression and anxiety and recommended further treatment. At this time, the claimant has yet to particiapte in any individual psychotherapy sessions as typically recommended by the CA MTUS. Additionally, the request for a Hispanic Pain Management Group remains too vague as it does not indicate how many sessions are being requested nor the duration of time for which the sessions are to occur. As a result, the request for a [redacted] Pain Management Group is not medically necessary.