

Case Number:	CM14-0061362		
Date Assigned:	07/09/2014	Date of Injury:	10/09/2012
Decision Date:	08/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 42 year-old male (██████████) with a date of injury of 10/9/12. The claimant sustained cumulative trauma injuries to his neck, back, shoulders, legs, hips, eyes, psyche, neurological, and internal while working as a Network Engineer for ██████████. In his "Primary Treating Physician's Medical Re-evaluation" dated 2/27/14, ██████████ diagnosed the claimant with: (1) Cervical spine sprain/strain with radicular complaints: MRI evidence of 1.5 mm disc bulge at C3-4 and C4-5 and 2.5 mm disc bulge at C5-6; (2) Left shoulder rotator cuff tendonitis/bursitis; (3) Lumbar spine sprain/strain with radicular components: MRI evidence of 2 mm disc bulge at L3-4, L4-5, and L5-S1; (4) Stress/Anxiety; (5) Insomnia; and (6) Status post AME of February 27, 2013 of ██████████. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her 4/8/14 "Treating Physician's Request for Authorization for Psychological Treatment", ██████████ diagnosed the claimant with: (1) Unspecified depressive disorder; (2) Panic disorder; and (3) Somatic system disorder with predominant pain including orthopedic pain - chronic. Additionally, in her 10/17/13 "Agreed Medical Examination in Psychology" conducted by ██████████, the claimant was diagnosed with Long-standing and pre-existing depressive disorder NOS with anxiety, mild to moderate. The claimant has been treated via psychotropic medications as well as psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Therapy 2 times a month times 3 months (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress (updated 04/09/14) Group 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 and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and 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 has continued to experience chronic pain as well as depressed mood and anxiety since his injury. It was reported in the 10/17/13 "Agreed Medical Examination in Psychology" conducted by [REDACTED], that the claimant had "self-procured psychological and psychiatric treatment on a private basis, which continues through the present..." These services were provided by a licensed marriage and family therapist. There is a "Treating Physicians Request for Psychological Treatment" dated 4/8/14 from [REDACTED], which is the only psychological PR-2 submitted for review. It is unclear as to when [REDACTED] began providing psychological services for the claimant. It is also unclear from the PR-2 report as to how many sessions have been completed and the progress/improvements from those sessions. Without information about prior treatment, the need for continued services cannot be fully determined. As a result, the request for "Group Therapy 2 times a month times 3 months (6 sessions)" is not medically necessary.