

Case Number:	CM14-0098553		
Date Assigned:	09/16/2014	Date of Injury:	03/20/2011
Decision Date:	10/31/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 42-year-old male who reported an injury on 03/20/2011. The mechanism of injury involved a fall. Current diagnoses included mood disorder, cognitive disorder, post-traumatic stress disorder, and intermittent explosive disorder. Previous conservative treatment is noted to include neurorehabilitation, aquatic therapy, medication management, and psychotherapy. The injured worker was evaluated on 06/06/2014 with complaints of short term memory loss, substantial PTSD symptoms, depression, anxiety, ataxia, and a loss of balance. Objective findings were not provided on that date. Treatment recommendations included individual therapy on a weekly basis and group therapy on a biweekly basis. A request for authorization form was then submitted on 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-Weekly Group Therapy Sessions for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: The California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, there is no evidence of a comprehensive psychological examination. The injured worker's current medication regimen, functional status, and cognitive impairments are unknown. It is unclear whether the injured worker has previously participated in individual or group psychotherapy. Based on the clinical information received, the request is not medically necessary.