

Case Number:	CM14-0177462		
Date Assigned:	10/30/2014	Date of Injury:	01/31/2012
Decision Date:	04/22/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 33-year-old female who sustained an industrial injury on 01/31/2012. She reported back spasms and upper extremity pain and also expresses anxiety. The injured worker was diagnosed as having hypervigilance, anxiety and depression. She also has gastrointestinal pain. Treatment to date has included medications and psychiatric counseling sessions. Currently, the injured worker complains of anxiety, back spasms and upper extremity pain. Her psychologist states she is living a near agoraphobic lifestyle. The treatment plan is to continue with psychiatric treatment and the doctor is requesting 36 Sessions of [REDACTED] Trauma Intensive Outpatient Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Sessions of [REDACTED] Trauma Intensive Outpatient Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs, p31-32 Page(s): 31-32.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Group Therapy.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for pain and anxiety. In terms of group therapy, this is recommended as an option for the treatment of posttraumatic stress disorder which is not being treated in this case. Guidelines recommend against treatment and intensive outpatient pain management program for longer than two weeks without demonstrated effectiveness as documented by subjective and objective gains. In this case, the number of treatment sessions requested is in excess of guidelines recommendations. The request is therefore not medically necessary.