

Case Number:	CM14-0186610		
Date Assigned:	12/02/2014	Date of Injury:	02/07/2014
Decision Date:	01/23/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Psychologist (PHD, PSYD) and is licensed to practice in Utah. 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:

This is a 42-year old male injured worker had a date of injury on 2/7/2014. The mechanism of injury occurred was a motor vehicle accident. In a progress note dated 11/24/2014, the injured worker complained of severe hip pain and low back pain. He also exhibited frequent headaches, anxiety, depression, and medication related issues. In a psychiatric progress note dated 10/27/2014, the injured worker was feeling more depressed and lethargic post-surgically. Objective findings: Awkward gait associated with injury, and severe memory impairment. In a 10/27/2014 psychiatric mental status examination, the injured worker's mood and affect was more depressed. The diagnostic impression showed lumbago, posttraumatic headaches, traumatic brain injury, and cognitive behavioral deficits. Treatment to date: medication management, behavioral modification, surgery. A UR decision dated 10/6/2014 modified the request for Individual Cognitive Behavioral Therapy Sessions for severe anxiety and depression (15 sessions) to 4 sessions. It also modified the request for Concurrent Pain Management Support Group for managing reactions (duration and frequency not specified) to 4 sessions. Regarding both requests, the rationale provided regarding the denials were that although the treatments were determined to be medically necessary, the relatedness of the conditions to the injury had not be determined. If there was a resulting dispute over the accepted body part(s), a QME or AME evaluation should be performed to address the AOE/COE issues(s) and/or causation per the California Labor Code 4062(c).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy Sessions (severe anxiety, depression): 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 Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are "recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. However, in the present case, no rationale was provided regarding why this injured worker requires 12 initial psychotherapy sessions. Although this injured worker experienced psychological complications, such as depression, anxiety, and cognitive behavioral deficits, guidelines recommend 4 initial psychotherapy visits. Further visits can be justified with evidence of functional improvement. Therefore, the request for Individual Cognitive Behavioral Therapy Sessions (severe anxiety, depression) is not medically necessary.

Concurrent Pain Management Support Group; Managing Reactions (frequency and duration not indicated): 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 Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are "recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. However, in the present case, the provider already provided a request for cognitive behavioral therapy. There was no discussion specifying the nature of the reactions to be managed. Furthermore, there was no documentation regarding how this request would benefit the injured worker's current condition. Therefore, the request for Concurrent Pain Management Support Group; Managing Reactions (frequency and duration not indicated) is not medically necessary.