

Case Number:	CM14-0216524		
Date Assigned:	01/06/2015	Date of Injury:	04/30/2011
Decision Date:	03/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Texas
 Certification(s)/Specialty: Psychologist

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 40-year-old male who reported an injury on 04/30/2011. The mechanism of injury involved a fall. The current diagnoses include major depressive disorder, PTSD, and insomnia. The injured worker presented on 11/03/2014 for a followup evaluation. The injured worker reported persistent pain in the low back, neck, shoulders, and head which interfered with his activities of daily living and sleep. The injured worker also reported social isolation and withdrawal. The injured worker reported symptoms of sadness, nervousness, and irritability. Objective findings included a sad and anxious mood, a depressed affect, irritability, and tension. Recommendations included continuation of cognitive behavioral group psychotherapy and relaxation training/hypnotherapy. A Request for Authorization form was then submitted on 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy, 1 time a week for 8 weeks: 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): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. Guidelines recommend 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. According to the documentation provided, the injured worker has participated in cognitive behavioral group psychotherapy. There is no documentation of objective functional improvement. Additional treatment would not be supported in this case. As such, the request is not medically appropriate at this time.