

Case Number:	CM15-0006764		
Date Assigned:	01/22/2015	Date of Injury:	09/02/2012
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male who suffered a work related injury on 09/02/12. Per the psychologist's noted from 11/10/14, he has been in physical pain for some time, and psychological reactions to pain often become major contributors to impaired functioning. The treatment plan consists of cognitive behavioral therapy, biofeedback, psycho-educational group, psychologist follow-up, and referral to a sleep clinic, as well as psychogenic medications. On 01/06/15, the Claims Administrator non-certified the group therapy, citing ODG guidelines. The psychologist follow-up was also non-certified, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out patient group psycho therapy 6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Mental Illness and Stress' and topic 'Group therapy'

Decision rationale: The patient presents with depressive disorder, sleep disorder due to orthopedic pain, pain disorder, and alcohol abuse, as per progress report dated 11/10/14. The request is for OUTPATIENT GROUP PSYCHOTHERAPY 6 SESSIONS. There is no RFA for this case, and the patient's date of injury is 09/02/12. The patient also complains of pain in right shoulder, right hand, and right wrist, as per the same progress report. ODG guidelines, chapter 'Mental Illness and Stress' and topic 'Group therapy', recommends "Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients." In this case, only one progress report has been provided for review. The patient has been diagnosed with depressive disorder. In the report dated 11/10/14, the treater is requesting for six sessions of group psychotherapy because they will "introduce his to the concepts of stress inoculation, pain management, coping with loss of functional capacity, cognitive therapy exercises designed to manage." The treater believes that the group sessions will help the patient get emotional support from other injured workers. The progress report does not document any prior therapy but in the same report the treater is requesting individual sessions of cognitive behavioral therapy as well. ODG guidelines recommend group therapy only for individuals suffering with PTSD. Hence, this request IS NOT medically necessary.

Psychologist follow up visits 1 visit per 6-8 weeks in 6 months total of 3 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The 26 year old patient presents with depressive disorder, sleep disorder due to orthopedic pain, pain disorder, and alcohol abuse, as per progress report dated 11/10/14. The request is for PSYCHOLOGIST FOLLOW UP VISITS 1 PER 6-8 WEEKS IN 6 MONTHS TOTAL OF 3 VISITS. There is no RFA for this case, and the patient's date of injury is 09/02/12. The patient also complains of pain in right shoulder, right hand, and right wrist, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient had been diagnosed with depressive disorder, as per initial psychological evaluation dated 11/10/14. The treater is requesting for 3 visits. "After completion of the requested treatment above, I will assess objective functional response to the treatment..." and then recommend termination or continuation of treatment. This

appears reasonable. ACOEM does allow for specialist referrals. Hence, the request IS medically necessary.