

Case Number:	CM14-0120538		
Date Assigned:	08/06/2014	Date of Injury:	09/26/2013
Decision Date:	10/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Psychology and is licensed to practice in California. 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:

According to the medical records that were provided for this IMR, this injured worker is a 55 year-old female who reported an industrial accident that occurred on September 26, 2013. The injury reportedly occurred during her normal work duties at EL Pollo Loco when she slipped on water in the freezer, fell on her back and when she tried to get up she fell again and struck the base of her head on a bucket. Her vision became "dark and she briefly felt dizzy." A coworker opened the door to the freezer she was taken to the hospital. She reported at that time pain in her head, upper back, neck, right elbow, right hand, low back, right thigh, left ankle. A splint was placed on her left ankle and she received a neck and some brace. Currently, she reports neck pain that is constant and radiates into the upper back with numbness, occipital and frontal headache; and low back pain is constant and radiates bilaterally to the feet/toes. Pain impacts activities of daily living in terms of: ambulation, hand function, physical activity, self-care/hygiene, sexual, sleep. Medical diagnoses include: chronic pain, cervical and lumbar disc degeneration, cervical and lumbar radiculopathy; cervical and lumbar stenosis, lumbar disc displacement, depression, stomach complaints. Treatment plan listed by her primary treating physician states that she needs to be "evaluated by a spine surgeon for possible back surgery and a request for pain management and psychiatric treatment." The Beck Depression Inventory screen was completed in May 2014 and revealed a score of 25 which corresponds with moderate depression. In June 2014 she was referred for psychological evaluation which was completed and included in the records for this IMR. Psychologically she reports feeling sad, stressed, depressed, and trapped because inability to work in the active with anxiety about the future and financial situation. She reports no longer being able to go out and do fun things with her partner and gaining 20 to 30 pounds. There was another slip and fall accident while she was working at [REDACTED] in 2006-2007 and she was told "to seek treatment on her own or see a masseuse", she recovered fully with time. In another

slip and fall injury that occurred October 2012 she injured her low back and experienced numbness down the right leg when she slipped and fell while working for [REDACTED]. She also sustained a "continuous trauma injury from January 1, 2008 to May 21, 2013 and was legally represented and had her pain treated with medication and physical therapy." Currently she was diagnosed with: Depressive Disorder, Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified; Female Hypoactive Sexual Desire Disorder Due To Chronic Pain; Sleep Disorder Due To Chronic Pain, Insomnia Type; Stress-Related Physiological Response Affecting General Medical Condition (G.I. Disturbance, Headache). A request was made for cognitive behavioral group psychotherapy one time a week for six weeks. Utilization review did not certify the request and provided a rationale for non-certification as no initial evaluation to develop an individualized treatment plan/preliminary diagnoses and ODG recommends group therapy for PTSD, injured worker does not have PTSD.

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 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress chapter; Group therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

Decision rationale: According to the CA-MTUS behavioral interventions, cognitive behavioral therapy guidelines, patients should be "initially screened with risk factors for delayed recovery, including fear avoidance beliefs. See fear avoidance beliefs questionnaire (FABQ). Initial therapy for those "at risk" patients should be physical medicine for exercise instruction, including a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3-4 psychotherapy visits over two weeks and with evidence of objective functional improvement total up to 6-10 visits over 5-6 weeks (individual sessions)." With respect to this injured worker, a psychological evaluation was conducted that documented psychological sequelae and suggested a course of treatment. This appears to be a new request to start a new course of psychotherapy. While it does not appear that the injured worker has had any psychological treatment for this current injury, the injured worker has had several other work-related injuries and the history of those injuries were mentioned without respect to whether, or not, she received any psychotherapy/CBT, and if so what the outcome it was. This information is needed but was not provided. In addition, the quantity of sessions requested (6) does not conform with the stated guidelines that recommend an initial treatment trial of 3-4 sessions with the entire total of sessions offered at 6-10 over a 5 to 6 week period of individual sessions. The range of maximum sessions is 6 to 10 and this request is for a quantity of sessions that falls into the lower end of that range without conducting an initial treatment trial of 3 to 4 sessions. Because the medical necessity of six sessions of group cognitive behavioral therapy is not substantiated due to missing information regarding prior psychological treatment and quantity exceeding

guidelines, the request for Cognitive Behavioral Group Psychotherapy 1 Time a Week for 6 Weeks is not medically necessary.