

Case Number:	CM14-0142653		
Date Assigned:	09/10/2014	Date of Injury:	05/15/2013
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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 a licensed Psychologist, 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:

The claimant is a 32 year-old male [REDACTED] with a date of injury of 5/15/13. The claimant sustained an injury to his right hand when it was crushed by a heavy refrigerator door. The claimant sustained this injury while working as a sous chef for [REDACTED]. In the orthopedic report dated 8/12/14, [REDACTED] diagnosed the claimant with: (1) Compression injury, right hand, with neuropathic pain, right upper extremity; and (2) Right paracervical strain. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injury. In his "Initial Psychological Evaluation Secondary Treating Physician's Report Request for Authorization" dated 7/7/14, [REDACTED] diagnosed the claimant with: (1) Major depression, single episode, moderate; (2) Sleep disorder due to a medical condition; (3) Pain disorder; and (4) Opioid dependence. The claimant has not received any psychological services for this claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy three to four (3-4) visits over the next two (2) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has developed symptoms of depression secondary to his work-related orthopedic injury. He has yet to participate in any psychological services for this injury. [REDACTED] presents appropriate and relevant information about the need for psychological services however; the claimant has been authorized for 6 psychotherapy sessions as well as group therapy. Given this authorization, the request for "Psychotherapy three to four (3-4) visits over the next two (2) weeks" is redundant and not medically necessary.

Biofeedback therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the claimant has developed symptoms of depression secondary to his work-related orthopedic injury. He has yet to participate in any psychological services for this injury. [REDACTED] presents appropriate and relevant information about the need for psychological services however, neither the request for "Biofeedback therapy" remains too vague as it does not indicate the number of sessions being requested nor the frequency for those sessions. Without more specific information, the request for "Biofeedback Therapy" is not medically necessary.

Group therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118)

Decision rationale: The CA MTUS does not address the treatment of depression or the use of group therapy therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the AMA Practice Guidelines for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has developed symptoms of depression secondary to his work-related orthopedic injury. He has yet to participate in any psychological services for this injury. [REDACTED] presents appropriate and relevant information about the need for psychological services however, neither the request for "Group therapy" remains too vague as it does not indicate the number of sessions being requested nor the frequency for those sessions. Without more specific information, the request for "Group Therapy" is not medically necessary. It is noted that the

claimant received a modified authorization for 12 group therapy sessions in response to this request. Therefore, the above request is not medically necessary.

Cognitive behavioral therapy (CBT): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression or the use of group therapy therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the AMA Practice Guidelines for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has developed symptoms of depression secondary to his work-related orthopedic injury. He has yet to participate in any psychological services for this injury. ■■■■■ ■■■■■ presents appropriate and relevant information about the need for psychological services however, neither the request for "Cognitive Behavioral Therapy (CBT)" remains too vague as it does not indicate the number of sessions being requested nor the frequency for those sessions. Without more specific information, the request for "Cognitive Behavioral Therapy (CBT)" is not medically necessary. It is noted that the claimant received a modified authorization for 6 CBT sessions in response to this request. Therefore, this request is not medically necessary.