

Case Number:	CM14-0153213		
Date Assigned:	09/23/2014	Date of Injury:	07/04/2012
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency Medicine 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 injured worker is a 63 year-old female, who sustained an injury on July 4, 2012, December 19, 2012. The mechanism of injury occurred when she was carrying two stools, slipped and fell; and then subsequently fell after her right ankle became wrapped with a cable. Diagnostics have included: November 27, 2012 EMG/NCV reported as showing mild acute right L5 radiculopathy; July 24, 2012 lumbar MRI reported as showing multi-level disc disease. Treatments have included: medications, physical therapy, psychotherapy, chiropractic. The current diagnoses are: lumbar discogenic back pain, right lower extremity radiculopathy, major depressive disorder, generalized anxiety disorder, insomnia, stress-related psychological response. The stated purpose of the request for Group medical psychotherapy was not noted. The request for Group medical psychotherapy was denied on August 25, 2014, citing a lack of documentation of derived functional improvement from completed psychotherapy sessions. Per the report dated August 1, 2014, the treating physician noted depressed affect, memory difficulties, anxious mood and apprehension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy: 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): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines

Decision rationale: The requested Group medical psychotherapy, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker has depression and anxiety. The treating physician has documented depressed affect, memory difficulties, anxious mood and apprehension. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions. The criteria noted above not having been met, Group medical psychotherapy is not medically necessary.