

Case Number:	CM14-0155207		
Date Assigned:	09/25/2014	Date of Injury:	01/22/2009
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 48-year-old female who reported an injury on 01/22/2009. The mechanism of injury was not provided. Other therapies and treatments included medications, and psychological treatment as well as physical therapy. Diagnostic studies included MRIs and x-rays. The injured worker's medications included Gabapentin, Naproxen, Norco, Effexor, Remeron, and Trazodone. The injured worker's diagnoses included major depressive disorder (moderate), insomnia, chronic pain, and physical injury. The surgical history was an L4-S1 fusion on 08/01/2013. The documentation of 08/26/2014 revealed the injured worker had complaints of depressed mood, decreased concentration, low energy level, poor libido, forgetfulness, increased appetite, worthlessness and guilt feelings, irritability and anger. The injured worker had reported some hopelessness in regards to physical condition. The injured worker had good sleep after adding Trazodone 50 mg but was noted to have middle insomnia again due to recent neck pain. The injured worker indicated that in group therapy she was feeling bad and having more pain but was planning to restart group therapy. The injured worker denied suicidal ideation. The memory revealed the injured worker was forgetful. The injured worker's attention and concentration were fair and followed the line of the interview without major difficulties. Global assessment of functioning was 62. The treatment plan included continuation of group therapy for depression and a request was made for 6 sessions. There was no request for authorization submitted for the requested services. There was no rationale submitted for the request for 6 sessions of medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Management Monthly X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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 & Stress Chapter, Office Visit

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was a lack of documented rationale for 6 visits without periodic re-evaluation. Given the above, the request for Med Management Monthly x 6 is not medically necessary.

Group CBT Weekly X 6: Upheld

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

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 & Stress Chapter, Group Therapy, Cognitive behavior therapy for depression

Decision rationale: The Official Disability Guidelines recommend group therapy for an injured worker with posttraumatic stress disorder. They recommend up to 50 individual sessions if the injured worker has severe major depression. The clinical documentation submitted for review indicated the injured worker had previously attended group therapy. However, there was a lack of documentation indicating the quantity of sessions that had been attended and the objective functional benefit that was received. There was a lack of documentation indicating a necessity for group therapy versus individual therapy. The request would not be supported. Given the above, the request for group CBT weekly x 6 is not medically necessary.