

Case Number:	CM14-0089321		
Date Assigned:	07/23/2014	Date of Injury:	10/04/2011
Decision Date:	10/01/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/13/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59 year old male was reportedly injured on October 4, 2011. The mechanism of injury was noted as a repetitive motion type event. The most recent progress note, dated March 10, 2014, indicated that there were ongoing complaints related to depression. The physical examination was not provided. Diagnostic imaging studies were not reported. Previous treatment includes group psychotherapy. A request was made for cognitive behavioral group therapy and was not certified in the preauthorization process on May 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Cognitive Behavioral Group Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress- Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: This is an individual who requires an interpreter when attending his primary care provider's visits. There is no indication that such additional requirements are noted in the group therapy sessions. Furthermore, there are no objective parameters indicating that there has

been any efficacy or utility with the interventions already completed. Therefore, based on the records presented for review, there is insufficient documentation to support continued individual or group psychotherapy. As such, the request is not medically necessary.