

Case Number:	CM14-0207641		
Date Assigned:	12/17/2014	Date of Injury:	09/06/2013
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 48 year old male with date of injury 09/06/2013. Date of the UR decision was 11/25/2014. He was injured in a motor vehicle accident when he was driving a tractor and a car crashed into the back of the tractor which resulted in him being ejected from the seat. He suffered right shoulder clavicle, neck pain and hip pain. He also has been diagnosed with Major Depressive Disorder with paranoid and psychotic features, Chronic Pain Syndrome Associated with Both Psychological Factors, General Medical Condition and Post Concussive syndrome. Per report dated 11/13/2014, he presented with pain level of 8/10, continued difficulty with mood swings, auditory hallucinations in the form of unintelligible voices which bother him. He was being prescribed Duloxetine. Ziprasidone had been discontinued due to side effects. It was documented that injured worker had been authorized for 12 psychotherapy visits and had started sessions with the psychotherapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve group therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks individual sessions. The submitted documentation suggests that the injured worker had been authorized for 12 psychotherapy visits and had started sessions with the psychotherapist. The request for twelve group therapy sessions is excessive and not medically necessary since the injured worker is already in treatment with individual psychotherapy.