

Case Number:	CM14-0218045		
Date Assigned:	01/07/2015	Date of Injury:	08/15/2012
Decision Date:	03/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas
 Certification(s)/Specialty: Psychologist

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 45-year-old male who reported an injury on 08/15/2012. The mechanism of injury involved repetitive activity. The current diagnoses include depressive disorder, pain disorder, and psychological factors affecting medical condition, sleep disorder, and erectile dysfunction. The injured worker was evaluated on 09/08/2014. Psychological testing was also administered. Previous conservative treatment is noted to include physical therapy and cortisone injections. The injured worker subsequently underwent right wrist surgery on 02/27/2013. The injured worker reported persistent depression, sadness, and exhaustion. The injured worker also acknowledged suicidal ideation without any actual intent or plan. Physically, the injured worker reported suffering from constant pain in the right hand, wrist, and forearm. The injured worker's mood was depressed, sad, and tearful. Affect was withdrawn, constricted, and flat. Recommendation at that time included group therapy to incorporate cognitive behavioral techniques and provide the injured worker with a supportive environment. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Sessions of Group Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines- Mental Illness & Stress

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

Decision rationale: The California MTUS Guidelines state behavioral interventions are recommended. Patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs. Cognitive behavioral psychotherapy is recommended as an initial trial of 2 to 4 psychotherapy visits over 2 weeks. According to the documentation provided, the injured worker recently participated in 5 sessions of group therapy in 10/2014. The injured worker did not show significant improvement and continued to report depressive and anxious symptoms. Given the above, additional treatment would not be supported. As such, the request is not medically appropriate.

Four (4) Units of Psychological Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines- Mental Illness & Stress

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

Decision rationale: The California MTUS Guidelines recommend psychological evaluations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the injury, or work related. According to the documentation provided, the injured worker reports symptoms of sadness, social withdrawal, lack of sleep, as well as suicidal ideation. While it is noted that the injured worker has participated in group therapy, the injured worker did not show significant improvement. There was no indication that individual therapy sessions had been attempted or failed. Given the above, psychological testing would be indicated in this case. However, it was noted that the injured worker was issued authorization for an initial 4 units of psychological testing in 12/2014. Therefore, additional testing is not medically appropriate at this time.

Three (3) Units of Subsequent Psychological Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines- Mental Illness & Stress

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

Decision rationale: The California MTUS Guidelines recommend psychological evaluations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the injury, or work related. According to the documentation provided, the injured worker reports symptoms of sadness, social withdrawal, lack of sleep, as well as suicidal ideation. While it is noted that the injured worker has participated in group therapy, the injured worker did not show significant improvement. There was no indication that individual therapy sessions had been attempted or failed. Given the above, psychological testing would be indicated in this case. However, it was noted that the injured worker was issued authorization for an initial 4 units of psychological testing in 12/2014. Therefore, additional testing is not medically appropriate at this time.