

Case Number:	CM15-0110571		
Date Assigned:	06/17/2015	Date of Injury:	02/08/2008
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 50 year old male who sustained a work related injury February 8, 2008. Past history included carpal tunnel syndrome, removal of right ganglion cyst September 2012, and surgery right elbow February 2013, positive Tine test with treatment in childhood, alcohol abuse until three years ago, and seizure disorder. The medical record present is a comprehensive permanent and stationary psychological evaluation report and testing, dated February 11, 2015. The injured worker presented feeling sad, tired, hopeless and helpless. He has lost confidence in himself and feels afraid, angry, irritable, and self-critical. He feels socially withdrawn and isolated, lacking motivation and interest in his appearance. He reports having psychological intervention in 2012, and was treated by a psychiatrist for the last three years and takes psychotropic medication. Diagnoses are major depressive disorder, single episode mild; generalized anxiety disorder; stress- related physiological response affecting headaches. At issue, is the request for authorization for group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy 1 x week x 12/12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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 injured worker suffers from chronic pain due to industrial carpal tunnel injury and psychological consequences from the same and has been diagnosed with major depressive disorder, single episode mild; generalized anxiety disorder; stress-related physiological response affecting headaches. It has been suggested that he underwent psychological intervention in 2012 and also was treated by a psychiatrist for the last three years and takes psychotropic medication. There is no indication of the type of psychological treatment so far or any evidence of objective functional improvement with the same. Thus, the request for Group psychotherapy 1 x week x 12/12 sessions is not medically necessary based on lack of information regarding results from prior treatment. The request is not medically necessary.