MAXIMUS Federal Services

Case Number:	CM15-0074991		
Date Assigned:	04/24/2015	Date of Injury:	03/20/2009
Decision Date:	05/27/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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
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 29 year old female who sustained an industrial injury on 3/20/09. The injured worker reported symptoms in the neck, back, and lower extremities. The injured worker was diagnosed as having complex regional pain syndrome, status post implant of dorsal column stimulator, and major depressive disorder. Treatments to date have included spinal cord stimulator, sympathetic blocks, radio frequency lesioning, home exercise program, oral pain medication, and activity modification. Currently, the injured worker complains of pain in the left lower extremity, hips and back. The plan of care was for therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy 1x20: 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 and Stress Chapter Cognitive Therapy for Depression; Cognitive Therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from treating psychiatrist, [redacted], whom also submitted the request under review. It is reported within [redacted] notes that the injured worker has been receiving psychotherapy. However, it is unclear whether [redacted] is providing the psychotherapy or if the injured worker is obtaining psychotherapy services through another provider as there were no psychotherapy notes included for review. Without any information about prior psychological treatments such as the number of completed sessions to date and the objective functional improvements made from those sessions, the need for additional psychotherapy cannot be determined. Additionally, the request for an additional 20 sessions is excessive. As a result of insufficient information to substantiate the request, the request for 20 weekly psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 4 psychotherapy sessions in response to this request.

Weekly art based group therapy 1x20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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 and Stress Chapter Group Therapy.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from treating psychiatrist, [redacted], whom also submitted the request under review. It is reported within [redacted] notes that the injured worker has been receiving psychotherapy. However, it is unclear whether [redacted] is providing the psychotherapy or if the injured worker is obtaining psychotherapy services through another provider as there were no psychotherapy notes included for review. Without any information about prior psychological treatments, the need for additional treatment cannot be determined. Additionally, although group therapy is a recommended treatment for PTSD, there is limited information about group art therapy. As a result of insufficient information to substantiate the request, the request for 20 weekly art based group therapy sessions is not medically necessary.