

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0078451 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 04/06/2006 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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 36-year-old male, who sustained an industrial injury on 4/6/06. He reported low back pain. The injured worker was diagnosed as having unspecified major depression, lumbar disc displacement, chronic pain syndrome and depression. Treatment to date has included open group psychotherapy, oral medications, topical medications, lumbar spine surgery, physical therapy and home exercise program. Currently, the injured worker complains of low back pain, anxiety and depression with memory loss, numbness and weakness. Physical exam was not abnormal. The treatment plan included continuation of home exercise program and additional psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychoeducational Course: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Chronic, Mental Illness and Stress.

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 recommend 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). Upon review of the submitted documentation, it is gathered that the injured worker has participated in extensive psychotherapy treatment including approximately 50 Cognitive Behavior Treatment sessions, several group psychotherapy sessions and has also participated in a Functional Restoration Program. There is no evidence of any objectional improvement from the prior therapy. The request for Group Psychoeducational Course is not medically necessary at this time, as the injured worker has already had extensive psychotherapy treatment in the past.