

Case Number:	CM13-0018441		
Date Assigned:	10/11/2013	Date of Injury:	10/03/2008
Decision Date:	01/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48 year-old (DOB) female with a date of injury of 10/3/08. According to reports, the claimant injured her right knee when she tripped on some pavement and fell. Additionally, she experiences psychological symptoms and has been diagnosed by with major depressive disorder, recurrent and pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psycho-education classes times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy guidelines for chronic pain

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

Decision rationale: The only treatment guidelines to address group therapy involve the diagnosis of PTSD. There are no current guidelines (neither CA MTUS nor ODG) that specifically address group psychoeducation classes for the treatment of depression. The claimant

has been authorized for 6 individual CBT sessions, but has only completed 5 of them. Other than receiving feedback from peers, it is unclear as to why group therapy is preferred at this time rather than completing the final authorized individual session and possibly requesting more. The records reviewed do not provide enough justification to support the use of group psychoeducation classes in treating the claimant's symptoms. As a result, the request for "group psychoeducation classes times 6" is not medically necessary.