

Case Number:	CM13-0028960		
Date Assigned:	11/01/2013	Date of Injury:	01/21/2011
Decision Date:	10/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert 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 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/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 patient is a 55 year-old female (██████████) with a date of injury of 1/21/11. The patient sustained injury to her back, neck, left hand and wrist, and hips when she was bending over and was accidentally struck by a manual pallet jack that was being pushed by a co-worker, causing the patient to fall onto her left side. The patient sustained this injury while working as a packer for ██████████. It is also reported that the patient developed psychiatric symptoms secondary to her work-related orthopedic injuries. In an "Agreed Psychological Panel Qualified Medical Evaluation" dated 4/5/13, ██████████ diagnosed the patient with: (1) Adjustment disorder with depressed mood; and (2) Pain disorder. The patient has received both psychiatric and psychological services to treat her psychaitric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY TIMES ONE SESSION PER WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MENTAL ILLNESS AND STRESS, ,

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals.

Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the use of group therapy nor the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder (group therapy) will be used as reference for this case. Based on the review of the outdated medical records, the claimant has been receiving psychotropic medications from [REDACTED]. [REDACTED] and psychological services from [REDACTED] to treat her psychiatric symptoms of depression and anxiety. It appears that she first completed an evaluation with [REDACTED] in November 2012 and participated in subsequent group psychotherapy. The exact number of sessions completed is unknown as it is not indicated within the records. In his "Agreed Psychological Panel Qualified Medical Evaluation" dated 4/5/13, [REDACTED] wrote, "I do not recommend continued group therapy for this claimant as it may reinforce her depression as a result of overidentification with other injured workers." Instead, he recommended individual therapy on a weekly or biweekly basis utilizing CBT. Given these recommendations from the Panel QME, it is unclear why further group sessions were requested. Additionally, the information provided within the records does not offer enough information such as the number of completed sessions nor the objective functional improvements from those sessions to substantiate the request for additional sessions. Lastly, the request for "GROUP PSYCHOTHERAPY TIMES ONE SESSION PER WEEK" is too vague as it does not indicate how many sessions are being requested. As a result, the request for "GROUP PSYCHOTHERAPY TIMES ONE SESSION PER WEEK" is not medically necessary.