

Case Number:	CM13-0031875		
Date Assigned:	12/04/2013	Date of Injury:	11/02/2007
Decision Date:	09/09/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/04/2013

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 licensed in Psychology and is licensed to practice in Utah. 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:

This is a 60-year-old female patient with a date of injury of 11/2/07. The mechanism of injury was not provided. The only documentation provided was the UR decision report dated 9/13/13. Patient stated she has pain after repetitive tasks. On 7/22/13, the clinic notes indicate many problems such as sleep difficulties, persistent pain, frustration and helplessness due to her physical limitations. Objective reports indicate she was sad, anxious, and apprehensive. Diagnostic impression is Major Depressive Disorder. Treatment to date: surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation) units, medication management, psychotherapy. A UR decision dated 9/13/13 denied the request for group psychotherapy. The group psychotherapy was denied because it was unclear as to how many sessions the patient has completed to date, and no information given regarding her medications. She has had treatment for 3 years, and with no additional objective assessment on mood to document gains made with treatment to date, recommendation for non-certification was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: CA MTUS does not address this issue. ODG recommends group therapy as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. However, there was only the UR Report included which had limited information. The patient has had at least 3 years of psychotherapy with no documentation as to improvement of mood or function, and no mention of medications tried and/or any results. There is no specific description of improvement of the patient's mood with group therapy. Further information would be needed to substantiate this request. Therefore, the request for group psychotherapy was not medically necessary.