

Case Number:	CM13-0032483		
Date Assigned:	12/11/2013	Date of Injury:	03/31/2003
Decision Date:	01/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 expert reviewer is licensed 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 claimant is a 64 year-old female with a date of injury of March 31, 2003. According to medical reports, the claimant sustained a work-related injury when she fell as the result of her foot getting tangled in her computer cables. Medical records indicate that the claimant has received numerous medical and psychological services over the past 10 years. Medically, she has undergone cervical fusions at multiple levels, shoulder surgery, physical rehabilitation, and medication management. Her medical diagnoses according to [REDACTED] report dated August 21, 2013 are: (1) cervical spine post laminotomy pain syndrome, status post fusionX2 (left cervical myeloradiculopathy); (2) left shoulder impingement syndrome (status post decompression); cervical myofascitis; (4) narcotic dependency; (5) chronic pain syndrome / fibromyalgia; and (6) gastritis. Psychologically, the claimant has completed multiple individual and group psychotherapy sessions and is currently diagnosed by [REDACTED] with Major Depressive Disorder. According to [REDACTED] appeal letter dated October 14, 2013, the claimant has experienced periods of "high suicide risk" and her "condition now is complicated by the possibility she has suffered a stroke."

IMR ISSUES, DECISIONS AND RATIONALES

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

six (6) sessions of Group Psychotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Group Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Section Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: Neither the CA MTUS nor the Official Disability Guidelines specifically address group psychotherapy for chronic pain or depression. Although the ODG discusses the use of group therapy, it pertains to the diagnosis of PTSD, which is not relevant in this case. Additionally, although the claimant has been diagnosed with Major Depressive Disorder, the group psychotherapy that she is currently receiving is related to chronic pain. Since the claimant is attending a chronic pain group, the CA MTUS guidelines regarding the use of behavioral interventions for chronic pain will be used as a basis for this review. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be provided. Although the guidelines refer to "individual sessions", for the purpose of this review, group sessions will be considered. There are 3 chronic pain group notes provided for review dated June 12, 2013, June 26, 2013, and July 10, 2013. It is noted that the claimant was unable to attend additional sessions after the beginning of July because of an automobile accident and subsequent transportation issues. It is unclear as to whether the claimant had been receiving group psychotherapy prior to June 12, 2013. Since it appears that the group sessions were beneficial and the claimant demonstrated slight improvement (a decrease in maladaptive behaviors) the request for 6 additional sessions of group psychotherapy are appropriate. As a result, the request for "six (6) sessions of Group Psychotherapy" is medically necessary.