

Case Number:	CM13-0047925		
Date Assigned:	12/27/2013	Date of Injury:	08/18/1998
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 50 year-old female with a date of injury of 8/18/98. The claimant sustained injury to her back while working. The mechanism of injury was not found within the medical records. She has been medically treated using medications, physical therapy, injections, and acupuncture, and extracorporeal shockwave therapy. According to the PR-2 dated 9/12/13 from [REDACTED], the claimant is diagnosed with the following medical conditions: (1) Left trigger finger thumb; (2) Right medical epicondylitis; (3) Right carpal tunnel syndrome; (4) Left cubital tunnel syndrome; (5) S/P left ulnar nerve transposition. Additionally, the claimant sustained injury to her psyche as a result of her work related injury. According to [REDACTED] 11/9/13 PR-2, the claimant is diagnosed with: (1) Major Depression, single episode, moderate to severe, non- psychotic; and (2) Pain Disorder due to Both Psychological Factors and General Medical Condition. It is the claimant's psychiatric conditions that are relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for group psychotherapy treatment (23 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Group Therapy and Cognitive Therapy for Depression.

Decision rationale: The Official Disability Guidelines include a recommendation for group therapy; however, it only involves the diagnosis of PTSD, which is not relevant in this case. As a result, the ODG recommendations regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has received a number of psychological services. In his most recent PR-2 report dated 11/9/13, ■■■■■ indicates that the claimant is steadily improving, but still has some residual depressive symptoms. The total number of completed group sessions in 2013 is unknown. According to the ODG, it is recommended that a total of 20 sessions over 20 weeks be completed. Although the exact number of completed sessions is not known and the claimant may need some additional sessions, the request for 23 sessions exceeds the total number as recommended by the ODG and therefore, is not medically necessary