

Case Number:	CM13-0048092		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2008
Decision Date:	02/27/2014	UR Denial Date:	10/23/2013
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 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 55 year-old male [REDACTED] with a date of injury of 1/22/08. He sustained cumulative injury to his psyche while working for the [REDACTED]. According to medical reports, the claimant experienced significant work-related stress which resulted in his original injury in 2008. He experienced a heart attack in 2010, exacerbating his psychiatric symptoms and condition, which had been stabilized. In most of the PR-2 reports submitted by [REDACTED], the claimant has been diagnosed with:(1) Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic; and (2) Psychological Factors Affecting Medical Condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) group psychotherapy sessions: 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.

Decision rationale: The CA MTUS does not address the use of group therapy in the treatment of adjustment disorders. The Official Disability Guidelines discusses group therapy, but only in relation to a diagnosis of PTSD. As a result, the Official Disability Guidelines 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 periodic, yet numerous psychological services since his original injury in 2008. It appears that the claimant received services following his injury in 2008 in which he progressed and demonstrated improvement. He discontinued services at one point, but resumed them following a heart attack in 2010. He once again stabilized and discontinued services. The date for which services were discontinued is unknown, however, there are records demonstrating that the claimant had been receiving services in 2012 and the beginning of 2013. According to [REDACTED] 10/7/13 "Supplemental Report: Response to Utilization Review Denial/Modification", the claimant presented back to [REDACTED] [REDACTED] in May 2013. The total number of group sessions completed with [REDACTED] [REDACTED] throughout 2013 is unknown. Additionally, most of the submitted PR-2 reports submitted by [REDACTED] fail to identify the objective findings. In the PR-2 report dated 7/31/13, the objective finding is listed as "depression (improved)". Without knowing how many sessions have been completed in 2013 and not having enough information to demonstrate the effectiveness of those services, it is difficult to determine whether further services are needed. Additionally, the request for 20 sessions appears excessive. As a result, the request for "group psychotherapy- twenty (20) sessions" is not medically necessary.