

Case Number:	CM13-0048267		
Date Assigned:	04/25/2014	Date of Injury:	04/27/2010
Decision Date:	06/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/01/2013

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 claimant is a 46 year-old female with a date of injury of 4/27/10. The claimant sustained injuries to her right hand, right knee, and low back when she was moving boxes full of syrup for a beverage bar and they slipped. She sustained these injuries while working. In the "interval Report" dated 2/3/14, physician assistant, [REDACTED], and [REDACTED] diagnosed the claimant with: (1) Disorders sacrum; (2) Degenerative lumbar; (3) Depressive disorder; (4) Unspecified thoracic/lumb; (5) Opioid type dependence; (6) Pain in joint LO; (7) Lumbosacral spondylolisthesis; (8) Lumbalgia; and (8) Pain in joint SH. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In a 2/16/14 "Psychiatric primary treating provider Progress Report and Chart Note," the provider diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate to severe, without psychotic features; and (2) Pain disorder associated with both psychological factors and a general medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY X 3D (CBT) SESSIONS OVER 30 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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, and the American Medical Association (AMA) Practice Guidelines for the Treatment of Patients With Major Depressive Disorder, Third Edition (2010), pg. 19.

Decision rationale: The CA MTUS does not have any guidelines regarding the treatment of depression, therefore, the Official Disability Guideline (ODG) regarding the cognitive behavioral treatment of depression and the American Medical Association (AMA) Practice Guideline regarding treating patients with major depressive disorder will be used as references for this case. Based on the review of the medical records, the claimant has been receiving psychotherapy services from the provider and/or his colleague, however, the exact number of sessions to date and the progress/improvements obtained from those sessions is unknown. Given that there is a lack of information, the need for further treatment cannot be fully determined. In addition, the request for cognitive behavioral psychotherapy x 3 D (CBT) sessions over 30 weeks appears excessive and it does not offer a reasonable time period for reassessment. As a result, the request is not medically necessary.

GROUP PSYCHOTHERAPY X 15 GRP SESSIONS/ TWICE PER MONTH OVER 30 WEEKS: 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 and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49).

Decision rationale: Neither the CA MTUS nor the Official Disability Guideline (ODG) have guidelines regarding the use of group therapy for the treatment of depression; therefore, the American Psychiatric Association (AMA) guideline regarding the use of group therapy in the treatment of patients with major depressive disorder will be used as reference for this case. The AMA guideline indicates that group therapy can be useful in the treatment of major depressive disorder; however, there is recommendations regarding the number of sessions to be offered over a particular duration of time. Based on the review of the medical records, the claimant has been receiving psychotherapy services from the provider and/or his colleague, however, the exact number of sessions to date and the progress/improvements obtained from those sessions is unknown. Given that there is a lack of information, the need for further treatment cannot be fully determined. In addition, the request for group psychotherapy x 15 group sessions/twice per month over 30 weeks appears excessive and does not offer a reasonable time period for reassessment. As a result, the request is not medically necessary.