

Case Number:	CM13-0050252		
Date Assigned:	12/27/2013	Date of Injury:	11/21/2005
Decision Date:	06/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 40 year-old male (██████) with a date of injury of 11/21/05. The claimant sustained injuries to his back, neck and legs when he was carrying a heavy stucco bucket up a ladder when the telescoping aluminum ladder shortened and began to slip of the wall. The claimant's right ankle became caught in between the ladder's rungs and he landed on his back against the ladder. He sustained this injury while working as a laborer for working for ██████████. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related physical injuries. In his most recent PR-2 report dated 2/10/14, ██████████ diagnosed the claimant with major depressive disorder, single episode, mild; generalized anxiety disorder; and male hypoactive sexual desire disorder due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG TWC 2013 Mental Illness and Stress.

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.

Decision rationale: The California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was evaluated by ██████ in July and August 2013 and began medication management services with ██████ in September 2013. It also appears that the claimant may have begun psychological services with ██████ as well in September. There is a PR-2 report from ██████ dated 2/10/14 indicating a need to continue "group psychotherapy, individual psychotherapy, and relaxation training at 1X/week for 6 months" however, it is unclear as to how many sessions have been completed to date. ██████ also indicates that the claimant reports that his "sleep and relationship with family and people in general has improved with treatment." Although this indicates subjective improvement, there is no indication of any objective functional improvement. The ODG specifically states that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Without knowing how many sessions have been completed to date and the objective functional improvements made in response to those sessions, the need for further sessions cannot be fully determined. Additionally, the request for "Group Medical Psychotherapy" remains too vague as it does not indicate the number of sessions requested nor the duration of time for treatment. As a result of the aforementioned, the request for "Group Medical Psychotherapy" is not medically necessary.