MAXIMUS Federal Services

Case Number:	CM13-0052024		
Date Assigned:	01/15/2014	Date of Injury:	08/04/2009
Decision Date:	04/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is LIcensed in Clinical 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:

According to the medical records provided for this review this patient is a 59-year-old patient reported a work related injury with the dates of August 4th 2009 continuing through October 9th 2009. The patient reports of a cumulative trauma injury during work as a machine operator for [redacted], where the patient had worked since 1985. He reports pain in his neck upper and lower extremities, feet and stress. The primary area of reported pain is in the left wrist. The aptient also reports depression, sadness, negative thinking, lack of energy and inability to initiate activity. The patient reports a termination from the job, and a sadness relateed to the pain and the inability to earn income to support the patient's spouse and family, and also reports ongoing anxiety and nervousness worried about the future and the patient's mind racing obsessively. The patient has been diagnosed with major depressive disorder and anxiety disorder, not otherwise specified, as well as Psychological Factors affecting medical condition. The patent has been treated with psychiatric medications. A request for an unspecified number of group psychotherapy session was not approved. This independent medical review will consider a request to overturn the non-certification of continued group psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress Chapter

Decision rationale: A thorough and comprehensive review was conducted of the medical Records provided. While it is clear that the patient is suffering from a significant depression and anxiety, and there was a note that the patient has benefited group psychotherapy with improved mood and social interaction, the current MTUS guidelines do not address the use of group psychotherapy in the treatment of chronic pain and depression. However the Official Disability Guidelines suggest group psychotherapy be used in cases of depression and that also have PTSD (post-traumatic stress disorder). This would not apply in this case. The guidelines for general cognitive behavioral therapy suggested up to a total of 10 sessions over five to six weeks can be provided contingent on objective functional improvement being documented. Functional improvement means either a clinically significant improvement in activities of daily living for a reduction in work restrictions as measured during the history and physical exams. In addition, it is not clear how many sessions of therapy this patient has already received, however it does appear likely that he has exceeded the maximum recommended number in the guidelines for pain management treatment. The request for group psychotherapy is not medically necessary or appropriate.