

Case Number:	CM13-0052858		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2010
Decision Date:	07/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 patient is a 44 year old female who reported an industrial/occupational work-related injury on February 4th 2010. At that time she was working as a driver/cook for [REDACTED] when she sustained a trip and fall accident injuring her neck, upper body, and left ankle. The patient reports having neck pain radiating into her right upper extremities, right upper back, and right shoulder with bilateral elbow pain, right wrist pain, left ankle pain. Symptoms of depression and anxiety have resulted as a consequence of her ongoing pain condition and physical limitations. She is also struggling very much with headache and weight gain. A request was made for group psychotherapy 1 session per week for 12 weeks; the request was non-certified. This independent medical review will address a request to overturn the non-certification of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY 1 TIMES WEEK TIMES 12 WEEKS: Upheld

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

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

Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy.

Decision rationale: Based on the records provided this patient has already had 35 sessions of group psychotherapy; the guidelines for group psychotherapy in the MTUS and ODG are nonspecific for group treatment. However, the guidelines for cognitive behavioral therapy for individual treatment are specific and can be applied to this request. According to the more generous guidelines listed in the ODG, the patient may have 13 to 20 visits if progress is being made. For cases of severe depression or PTSD, additional sessions may be offered; however this patient does not appear to have either of these diagnoses. She does present with clinical depression but it is not been diagnosed as severe. Because the patient has already had at least 35 sessions, if not more, the request for 12 additional sessions would be far exceeding the guidelines. Therefore the request is not medically necessary.