

Case Number:	CM13-0055175		
Date Assigned:	03/03/2014	Date of Injury:	11/28/2006
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 51 year-old male who reported an injury on 11/28/2006, after he was a victim in a robbery at gunpoint. The injured worker had a treatment history to include medications, cognitive behavioral therapy, individual psychotherapy, inpatient hospitalization, and group psychotherapy. The injured worker was evaluated on 10/10/2013. It was documented that the injured worker continued to experience feelings of dizziness, fatigue when depressed, and anxiety after flashbacks. It was noted that the injured worker continued to experience nightmares that caused feelings of stress and anxiety. It was noted that the injured worker was participating in group therapy that provided feelings of stability and security. The injured worker's diagnoses included post-traumatic stress disorder and major depressive disorder with suicidal ideations. The injured worker's treatment plan included cognitive behavioral therapy, group therapy, and home care assistance with transportation to all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP THERAPY ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Group Therapy.

Decision rationale: The requested group therapy 1 time a week for 12 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address the use of group therapy. Official Disability Guidelines do recommend group therapy for patients with post-traumatic stress disorder that require a secure environment for therapy. The clinical documentation submitted for review does indicate that the injured worker has previously participated in group therapy. It was noted within the documentation that the injured worker experienced feels of security and stability resulting from group therapy. California Medical Treatment Utilization Schedule recommends that functional benefit of cognitive behavioral therapy be documented after 3 to 4 visits. 4 visits of group therapy would allow for timely re-assessment and re-evaluation to determine the appropriateness of the patient's treatment plan and provide documentation of functional improvement to support continued therapy. The requested 12 visits of group therapy exceeds this guideline recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested group therapy 1 times a week for 12 weeks is not medically necessary or appropriate.