

Case Number:	CM13-0070430		
Date Assigned:	01/08/2014	Date of Injury:	01/06/2012
Decision Date:	05/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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:

According to the records provided for this independent medical review, this patient is a 53-yearold female who reported an occupational/industrial work-related injury on January 6th 2012. Her work was described as a picker in a warehouse where she has worked for over 9 years. The injury was stated to be caused by a gradual progressive onset of a left neck pain radiating down her left upper extremity with numbness; there is also right forearm and hand pain. She is reports symptoms of neck and bilateral wrist pain, sleep disturbance, depression and anxiety. She's having great difficulty with sleep disturbance due to the neck and upper extremity pain and numbness. She has had some psychiatric treatment at [REDACTED] and has been prescribed Sertraline Xanax. She is diagnosed with Major Depression, Single Episode. A request for group psychotherapy (duration and frequency unspecified) was not medically necessary this independent medical review will address a request to overturn the request that is not medically necessary.

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), 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/Stress Chapter Topic Group Psychotherapy.

Decision rationale: Based on a comprehensive review of approximately 58 pages of records it appears that this request for an unspecified number of group therapy sessions was made in conjunction with a request for 6 sessions of cognitive behavioral therapy (CBT). It appears that this unspecified group therapy session request was non-certified because the request for six sessions of CBT was approved. No explanation or reason was provided why this patient would require group therapy as well as individual CBT. The MTUS guidelines for group therapy is silent, however the Official Disability Guidelines for group therapy recommend it for patients with PTSD symptoms this diagnosis does not apply to this particular patient. Also because this request for group therapy does not clearly state how many sessions and for time duration, it appears as an open ended and unlimited request that based on this issue alone could be approved. Although the group therapy can be as effective as individual therapy in the treatment of chronic pain, her individual CBT renders it redundant. Therefore the request to overturn the not medically necessary decision is denied as the patient will be receiving a full course of cognitive behavioral therapy as long as the provider document clearly if any objective functional improvements are derived from the initial block of six sessions that was approved as part of the modification.