MAXIMUS Federal Services

Case Number:	CM14-0000224		
Date Assigned:	03/03/2014	Date of Injury:	09/28/2012
Decision Date:	06/13/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Psychologist 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 40 year old female with a reported injury date on 09/27/2012; the mechanism of injury was not provided. The psychology re-evaluation note dated 12/02/2013 noted that injured worker had complaints that included depression, anxiety, persistent worry, poor recall, and distractibility. Upon examination the injured worker appeared to be mildly dysphoric and became tearful during a portion of the examination. It was noted that the injured worker had previously attended an unknown number of group therapy sessions which she finds beneficial. Additional findings on 12/02/2013 included Wahler Physical Symptoms Inventory score of 27, BDI score of 26, BAI score of 31, and a Beck Hopelessness Score of 12. On 07/26/2013 the injured worker had a BAI score of 38 and BDI score of 48. On 02/26/2013 the injured worker had a BAI score of 36 and BDI score of 43. The request of authorization for group medical psychotherapy was submitted on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) GROUP MEDICAL PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 23.

Decision rationale: The request for twenty-four (24) group medical psychotherapy sessions is not medically necessary. It was noted that the injured worker had complaints that included depression, anxiety, persistent worry, poor recall, and distractibility. Upon examination the injured worker appeared to be mildly dysphoric and became tearful during a portion of the examination. Additional findings on 12/02/2013 included Wahler Physical Symptoms Inventory score of 27, Beck Depression Inventory II score of 26, Beck Anxiety Inventory score of 31, and a Beck Hopelessness Score of 12. It was noted that the injured worker had previously attended an unknown number of group therapy sessions which she finds beneficial. The Chronic Pain Medical Treatment Guidelines state that cognitive behavioral therapy is recommended if a lack of progress is achieved after 4 weeks of physical medicine use. It is recommended that an initial trail of 3-4 psychotherapy visits are attempts over 2 weeks. If there is evidence of objective functional improvement a total of 10 visits over 6 weeks is recommended. Based on the available documentation it remains unclear how many sessions the injured worker had already attended. Therefore, the request exceeds the total number recommend sessions. As such, the request is not medically necessary.