

Case Number:	CM14-0008252		
Date Assigned:	01/29/2014	Date of Injury:	09/17/2008
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 licensed in Psychology, 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 45-year-old female who reported an injury on 09/17/2008. The mechanism of injury was not provided. Prior treatments included physical therapy and IF unit, psychological treatment, and chiropractic care. The documentation of 09/27/2013 revealed the injured worker's mood was stable and improving with medications. It was indicated the injured worker worries excessively about her physical condition and that she experiences persisting pain which interferes with her sleep and engagement in activities of daily living. The injured worker was experiencing burning pain in her back. The injured worker was sad, frustrated, discouraged, and distressed, as well as angry. The injured worker had episodes of crying and was more emotional and sensitive than before. The injured worker was feeling nervous and experienced heart palpitations, as well as headaches. The objective findings revealed the injured worker had a sad and anxious mood and was apprehensive. She was tired with poor concentration and bodily tension and close to tears. The injured worker was preoccupied with physical condition and limitations, as well as levels of pain. The injured worker reported persisting symptoms of anxiety, depression, and insomnia for which the injured worker was in need of continued treatment. The diagnoses included depression. The treatment plan included group psychotherapy sessions once a week to help the injured worker cope with physical condition, levels of pain, and emotional symptoms for 6 weeks; relaxation training session once a week to help the injured worker manage stress and/or levels of pain for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY SESSIONS ONCE PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Psychotherapy Guidelines.

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

Decision rationale: The Official Disability Guidelines indicate that group therapy is recommended for injured workers who have post-traumatic stress disorder and cognitive behavioral therapy is the treatment for depression up to 50 visits of individual therapy, if the injured worker is making objective functional progress. There was lack of documentation indicating the injured worker had post-traumatic stress disorder to support group therapy. There was a lack of documented rationale for group therapy versus individual therapy. The clinical documentation submitted for review indicated the injured worker was making progress. There was a lack of documentation indicating the quantity of sessions that had been attended and documentation of objective functional improvement. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for cognitive behavioral group psychotherapy sessions once per week for 6 weeks is not medically necessary.