

Case Number:	CM14-0108624		
Date Assigned:	08/01/2014	Date of Injury:	05/24/2006
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 a Licensed Psychologist 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 claimant is a 49 year-old female with a date of injury of 5/24/06. The claimant sustained this injury while working for [REDACTED]. The mechanism of injury was not found within the limited medical records submitted for review. In his "Initial Consultation Report/Medical Record Review" dated 3/17/14, Dr. [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; and (3) Pain disorder associated with both psychological factors and a general medical condition. The claimant has been treating her psychiatric symptoms with psychotropic medications and psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will

be used as reference for this case. Based on the medical records, the claimant completed an initial psychological evaluation on March 17, 2014 and subsequently began individual psychotherapy. However, other than the initial evaluation, there are no recent psychological records included for review. As a result, the number of completed sessions as well as the progress and improvements from those sessions is not known. Without documentation supporting and substantiating the need for further services, the need for additional sessions cannot be determined. As a result, the request for cognitive behavioral group psychotherapy once a week for six weeks is not medically necessary.