MAXIMUS Federal Services

Case Number:	CM14-0012980		
Date Assigned:	02/24/2014	Date of Injury:	02/20/2009
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 Psychology 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 48 year-old male [redacted] with a date of injury of 2/20/09. The claimant sustained injury to his back when he was attempting to bring a heavy bathtub into a house while working for [redacted] The claimant has been treated via physical therapy, injections, medication, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to his industrial injury. In his "Medical-Legal Evaluation Report of Treating Psychologist" dated 1/20/14, [redacted] diagnosed the claimant with: (1) Major depressive disorder, single episode, severe without psychotic features; (2) Anxiety disorder, NOS; and (3) Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 GROUP PSYCHOTHERAPY SESSIONS (1X8): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: The American Psychiatric Association Practice Guideline For The Treatment Of Patients With Major Depressive Disorder (2010) (page(s). 48-49 of 118).

Decision rationale: Based on the review of the medical records, the claimant was initially evaluated by [redacted] on March 11, 2011. He participated in individual and group sessions however, the actual number of sessions and progress from thos sessions is not completely known. In his 1/30/14 report, [redacted] notes that the claimant completed several subsequent evaluations including 8/19/11, 1/6/12, 3/8/13, and most recently, 1/30/14. In the 1/30/14 report, [redacted] indicates that the claimant "has been receiving psychotherapeuitc treatment in a group setting" and that it "has been helpful" because the claimant has been "having fewer suicidal thoughts, is more socially active, and tends to follow his doctor's instructions better when in treatment." According to [redacted], the claimant admitted that "without treatment he would probably attempt to hurt himself". The claimant's case is a chronic case and he has been deemed permanent and stationary from a psychiatric standpoint. Given [redacted] noted benefits from attending a psychotherapy group, the request for additional sessions is appropriate. As a result, the request for an additional "8 Group Psychotherapy Sessions (1X8)" is medically necessary.