

Case Number:	CM14-0019922		
Date Assigned:	04/28/2014	Date of Injury:	12/18/2012
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Licensed 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 46 year-old male (██████████) with a date of injury of 12/18/12. The claimant sustained injuries to his left eye, left index finger, and left hand when he was assaulted by a co-worker who threw a beer bottle at him. The bottle broke and glass fragments injured the above mentioned body parts. The claimant sustained these injuries while working as a maintenance man for ██████████. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related physical injuries. In a RFA form dated 1/21/14, ██████████ listed diagnoses including: Major depression, Pain disorder, and rule outs of Cognitive disorder and Opioid disorder. In a PR-2 report dated the following day on 1/22/14, ██████████ diagnosed the claimant with an Adjustment disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY, 1 TIME A WEEK FOR 2 MONTHS FOR TOTAL OF 6 SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter; Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The California MTUS guidelines do not address the use of group psychotherapy or the treatment of depression. Therefore, the ODG guidelines regarding the use of CBT and the American Psychiatric Association guideline regarding using group therapy for patients with major depressive disorder will be used as references for this case. Based on the review of the medical records, it appears that the employee has been receiving individual therapy, biofeedback, and group therapy from the treating provider and his associates at [REDACTED]. The exact number of completed sessions to date is unknown. Although group therapy has been found helpful in the treatment of major depressive disorder, the ODG specifically indicates that for further treatment, the number of previous sessions in addition to objective functional improvement needs to be demonstrated. Without this information, there is not enough information to determine additional services. As a result, the request for Group Psychotherapy, 1 time a week for 2 months for total of 6 sessions is not medically necessary.