

Case Number:	CM14-0116152		
Date Assigned:	08/04/2014	Date of Injury:	08/04/2012
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 53 year-old female (██████████) with a date of injury of 8/4/12. The claimant sustained injury to her psyche while working as a store manager for ██████████ ██████████. It is reported that the applicant worked in a non-supportive, hostile work environment. In their PR-2 report dated 5/23/14, ██████████ and ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; and (3) Insomnia. Additionally, in his Represented Panel Qualified Medical Evaluation - Psychiatry dated 6/14/14, ██████████ diagnosed the claimant with Adjustment disorder with mixed anxiety and depressed mood. The claimant has treated her psychiatric symptoms with psychotropic medications through medication management services and psychological services including group psychotherapy and relaxation/hypnotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy, Nervous System - once a week for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

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.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the treatment of patients with major depressive disorder will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial evaluation [REDACTED] in February 2013 and participated in some follow-up psychotherapy services until July 2013. At that time, the claimant's worker's compensation claim was denied and she terminated services. It was also reported that she completed about 5 sessions of group therapy at [REDACTED] as well. In November 2013, the claimant's attorney referred her to [REDACTED], whom she continues to see for psychological services. According to the records, the claimant completed 12 group psychotherapy services prior to the request under review. In his Represented Panel Qualified Medical Evaluation - Psychiatry dated 6/14/14, [REDACTED] recommended an additional 4 psychotherapy sessions. Given [REDACTED] recommendation as well as the number of sessions that have already been completed by the claimant, the request for an additional 24 sessions is excessive and exceeds the recommended number of total sessions set forth by the ODG. As a result, the request for Group Psychotherapy, Nervous System - once a week for six months is not medically necessary.