

Case Number:	CM14-0153270		
Date Assigned:	09/23/2014	Date of Injury:	10/21/2006
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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:

According to the medical records that were provided for this independent review, this 49-year-old female patient reported a work-related injury that occurred on October 21, 2006 that occurred while she was in her usual work duties as a manager at Crenshaw Self Storage. She reported psychiatric injury that resulted from an accident when she fell down approximately 15 stairs and landed on her left ankle, which had broken in three places and resulted in soft tissue injury. Pain and disability continued until 2012 when bilateral Morton's neuroma was discovered in her feet and subsequent surgery was performed. There have been several additional falls that occurred in the time period that followed resulting in broken toes and chronic, severe and incapacitating pain in both feet that occurs with weight-bearing. She reports intermittent low back pain, bilateral hip, and knee and foot pain. There is disc protrusion and degenerative disc disease as well. A psychological evaluation was conducted in February 2014 and indicated severe depression and moderate anxiety. She has been diagnosed with: Pain Disorder Associated with Psychological Factors and a General Medical Condition, Generalized Anxiety Disorder, Depressive Disorder Not Otherwise Specified. A medical note from August 29, 2014 provides a differential diagnosis of: Adjustment Disorder with Depressed Mood; Panic Disorder without Report Phobia; and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. She reports psychological symptoms of: tearful depressed mood most of the time, difficulty sustaining sleep, social withdrawal, loss of interest in activities, loss of interest in sex, decreased motivation. She also reports feeling anxious all the time with increased irritability. A request for 12 sessions of group psychotherapy was made and noncertified. Rationale provided for non-certification stated that group therapy is not indicated for this patient and she would be better suited for individual treatment. A response was written from the requesting psychologist stating that the patient has panic symptoms and pain disorder and adjustment disorder and that

group therapy has proven to be very effective in the treatment of chronic pain and that the group environment tends to have a positive effect on patients with adjustment disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 group psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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, Topic Psychotherapy Guidelines, June 2014 update

Decision rationale: The patient's injury dates back to 2006 which is approximately eight years ago. A careful review of the medical records as there was provided for this IMR was conducted and there was no information with respect to the patient's prior psychological treatment. It is unclear whether or not this is a request for an initial course of psychological treatment in a patient who is never had any psychological treatment or if this is a request for restarting a prior treatment that has already been concluded, or if this is a request for additional sessions for a treatment that is already in progress. As best is could be determined, this appears to be a new request for new treatment but there is no information about whether or not she has had type of treatment in the past and if so what the results were. Assuming that this is a new treatment request without any prior treatment experience, the quantity of sessions requested was for 12 sessions which is nonconforming with treatment guidelines. According to the MTUS/ODG guidelines for psychotherapy patients should have an initial treatment trial of 3 to 4 sessions (MTUS cognitive behavioral therapy) or six sessions (official disability guidelines for psychotherapy). The reason for this is to offer an initial trial to ensure that the patient is responding to the treatment with objective functional improvements. If and if in fact they are that additional sessions up to a maximum of 13-20 can be offered. This request for 12 sessions does not appear to take into account this protocol. If in fact this is not a request for an initial treatment trial then there was no information regards to prior sessions that demonstrate that she in fact benefits from them. There was no indication anywhere that she is already had psychological treatment of any kind and at any time. In addition, the utilization reviews rationale that the group therapy format is referenced to within the context of posttraumatic stress disorder rather than for depression and anxiety. Therefore the finding of this independent medical review is that the requested intervention is demonstrated to be not medically necessary based on insufficient documentation of her prior history of psychological treatment and the use of a group format when individual format is recommended.