

Case Number:	CM14-0182189		
Date Assigned:	11/07/2014	Date of Injury:	05/10/1999
Decision Date:	12/11/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/03/2014

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 57 year-old male (██████████) with a date of injury of 5/10/99. The claimant sustained multiple injuries when he fell from a roof onto concrete while working as a roofer for ██████████. In the "SOAP Note" dated 10/7/14, Physician Assistant, ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Displacement of cervical intervertebral disc without myelopathy; (2) Degeneration of cervical intervertebral disc; (3) Displacement of lumbar intervertebral disc without myelopathy; (4) Degeneration of lumbar or lumbosacral intervertebral disc; (5) Post laminectomy syndrome of lumbar region; (6) Unspecified internal derangement of knee. The claimant has received various treatments over the years. It is also reported that the claimant experiences psychiatric symptoms related to his work-related injury. In their "Group Psychotherapy Progress Note" dated 10/3/14, ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Major depressive disorder, single episode, severe, with psychotic features; and (2) Insomnia related to pain and depression. The claimant has been receiving group psychotherapy, psychotropic medications, and transcranial stimulation to treat his psychiatric symptoms. The request under review is for continued group psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 group cognitive behavioral psychotherapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy 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 The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010). pages 48-49

Decision rationale: The CA MTUS does not address the treatment of depression or the use of group therapy 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 references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain as well as psychiatric symptoms. He has been receiving group psychotherapy sessions with [REDACTED], under the supervision of [REDACTED]. It appears that the claimant had at least one group session earlier this year, but it was reported that he did not continue due to the group dismantling. It appears that he resumed group psychotherapy in September 2014 and completed his authorized 6 groups by 10/17/14. The group progress notes included for review demonstrate that the sessions have been helpful to the claimant as he is experiencing a decrease in symptoms. The ODG indicates that a total of up to 13-20 sessions may be helpful as long as there are objective functional improvements from the completed sessions. Given that the claimant has only completed 6 sessions and he is demonstrating progress, a request for an additional 6 more sessions appears reasonable and within the guidelines. As a result, the request for "6 group cognitive behavioral psychotherapy sessions" is medically necessary.