

Case Number:	CM14-0182805		
Date Assigned:	11/07/2014	Date of Injury:	03/05/2006
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
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 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:

According to the records as they are provided for this IMR, this patient is a 70-year-old female who reported an industrial injury that occurred on March 5, 2006. The mechanism of injury reportedly occurred while she was working with a patient grabbed her, she injured herself which led to several surgeries. Further details were not documented. Medically, there is a history of back, lower upper extremity, right hip, bilateral knee, and neck pain complaints. She reports symptoms of depression characterized as: quote sadness, social isolation, social trial, suicidal ideations, poor appetite, and insomnia. She attributes the depression as a consequence of her injury and has reportedly developed numerous physical complications. She reports a prolonged history of being in a severely physically/mentally abusive marriage. Current psychiatric medication includes Effexor and Cymbalta. She has been diagnosed with the following psychiatric illnesses: Major Depressive Disorder, Recurrent, and Severe without Psychotic Features. Recommendation was made for individual therapy, group therapy, family therapy, nursing services, and medication evaluation/monitoring. Documentation for the request was very limited. A request was made for group therapy 2 times a month there was no specification for duration or total quantity of the request. This IMR will address a request to overturn the UR decision of non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Therapy 2 x per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 102.

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 Group Therapy, November 2014 update

Decision rationale: The CA-MTUS guidelines are nonspecific with respect to group therapy, however the official disability guidelines recommended as an option. Group therapy should be provided in a supportive environment in which a patient with PTSD may participate in therapy with other PTSD patients. Well group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. With respect to the current request, the documentation provided did not support the medical necessity of the requested treatment. The total medical chart consisted of only 33 pages. The patient's injury occurred in 2006, there is no history of her prior psychological treatments, if any, that she has already received. It is unclear whether or not she has had prior group therapy, the requested treatment did not include a quantity or duration. The medical necessity of unlimited sessions of group therapy is not supported by current disability guidelines. No treatment plan was provided with treatment goals and expected dates of completion was provided, nor is there a psychological evaluation to determine the relative contribution of pre-existing conditions, if any. Due to insufficient documentation the request is not medically necessary.