MAXIMUS Federal Services

Case Number:	CM14-0185179		
Date Assigned:	11/12/2014	Date of Injury:	02/28/2011
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 46 year-old male [redacted] with a date of injury of 2/28/11. The claimant sustained injury to his back when he was involved in a rear-end hit-and-run motor vehicle accident following a service call. The claimant sustained this injury while working for [redacted]. In his "Primary Treating Physician's Progress Report" dated 9/17/14, [redacted] diagnosed the claimant with Lumbar Fusion at L5-S1, healing. The claimant has been treated with medications, epidural injections, surgery, and physical therapy.It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Psychological Consultation Report" dated 8/26/14, [redacted] diagnosed the claimant with: (1) Major depressive disorder, single episode, severe; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder due to chronic pain; and (4) Insomnia related to generalized anxiety disorder and chronic pain. The request under review is for initial group therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Group Medical Psychotherapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Cognitive therapy

Decision rationale: The California Medical Treatment Utilization Schedule (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 in the Treatment of Patients with Major Depressive Disorder will be used as references for this case. In his "Psychological Consultation Report" dated 8/26/14, [redacted] recommended 12 CBT group sessions, 12 hypnotherapy/relaxation sessions, a psychiatric evaluation, and monthly psychiatric follow-up appointments for 6-8 months. The request under review for 12 group psychotherapy sessions is based on [redacted]' recommendation. Although the claimant appears to be in need of services and group therapy can be an appropriate treatment modality for depression, the ODG recommends an "initial trial of 6 visits over 6 weeks." Given this information, the request for an initial 12 sessions exceeds the number of initial sessions as recommended by the ODG. As a result, the request for "12 Group Medical Psychotherapy Sessions" is not medically necessary.