

Case Number:	CM14-0023434		
Date Assigned:	06/11/2014	Date of Injury:	04/30/2011
Decision Date:	11/20/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 Adult Psychiatry, has a subspecialty in Illinois and Wisconsin. 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:

This is a 39 year-old male who was injured in April of 2011. About a year ago the patient had a psychiatric assessment and was diagnosed with Major Depressive Disorder and PTSD. The patient has had psychiatric follow up but details of his psychiatric treatment are not available for review. The provider is requesting coverage for Cognitive Behavioral Group Psychotherapy on a weekly basis. The request has been denied due to lack of medical necessity. This is an independent review of the reequest for 12 weekly Cognitive Behavioral Group Psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy Once a Week for 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101 - 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: State of California MTUS does not apply as the request appears to be related to Major Depression and PTSD and not to management of chronic pain. ODG state that group

therapy is recommended as an option for PTSD but are silent in regards to number of sessions. The ODG indicates CBT with up to 50 sessions for patients with severe depression or PTSD if progress is being made. While the above support group therapy, 12 sessions does not allow for monitoring to ascertain if progress is being made. As such the requested 12 cognitive behavioral group therapy sessions do not appear to be medically necessary according to evidence based best practice standards as set forth in the Official Disability Guidelines.