

Case Number:	CM14-0026407		
Date Assigned:	06/13/2014	Date of Injury:	08/24/2009
Decision Date:	08/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 Utah. 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 patient is 30-year-old female who has submitted a claim for major depressive disorder, single episode and anxiety disorder associated from an industrial injury date of August 24, 2009. Medical records from 2013-2014 were reviewed, the latest of which dated February 1, 2014 revealed that the patient reported headaches when she cries. She is sleeping better with medications but still feels tired. On mental status examination, she was cooperative with slight psychomotor retardation. Her mood was depressed with a congruent affect. Treatment to date has included group psychotherapy, hypnotherapy, and medications, which include Prozac and trazodone. Utilization review from February 5, 2014 denied the request for cognitive behavioral group psychotherapy X 12 because the patient was instructed to attend 12 sessions of therapy following the 10/21/13 progress note and additional therapy is not indicated without documented objective functional improvement, and denied the request for follow-up office visit with a psychologist because more information would be needed regarding her treatment and status.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, pages 19-23 Page(s): 19-23.

Decision rationale: As stated on pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, group psychotherapy was requested to assist the patient in managing and coping with symptoms of depression, anxiety and effects of chronic pain. The patient had previous group psychotherapy sessions that helped with anxiety. However, the requested number of visits exceeds guideline recommendation 6-10 visits over 5-6 weeks. Therefore, the request for COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY X 12 is not medically necessary.

FOLLOW-UP OFFICE VISIT WITH A PSYCHOLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The CA MTUS does not address the topic on follow up visit. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor/s play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient continues to have depressive symptomatology. However, there is limited documentation regarding the patient's recent symptoms to support the request for continued office visits. Therefore, the request for FOLLOW-UP OFFICE VISIT WITH A PSYCHOLOGIST is not medically necessary.