

Case Number:	CM14-0030820		
Date Assigned:	05/09/2014	Date of Injury:	06/25/2013
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/27/2014

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 Texas. 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 injured worker is a 30-year-old female with a reported date of injury on 06/25/2013. The injury reportedly occurred when the injured worker was carrying a stack of empty plastic containers and tripped over a pallet jack, injuring the legs, knees, right hip, back, neck, and right shoulder. Her diagnoses were listed as right joint ankle pain, anxiety, and depression. Her previous treatments were noted to include physical therapy, acupuncture, medications, and psychological treatment. The progress note dated 11/01/2013 noted the injured worker's current global assessment of functioning score was 60. The provider reported the personality assessment inventory scores were high in both depression and paranoia. The provider also reported that scores equal to greater than 80 on the somatic complaint scale suggesting significant concerns about somatic functioning. The provider reported that on the Battery for Health Improvement 2 scale, self disclosure was average, defensiveness was low, depression was average, anxiety was high, somatic complaints were moderately high, pain complaints were high, and functional complaints were extremely high. The progress note reported the findings from the subjective psychological assessments indicated moderate depression, moderate anxiety, and insomnia due to pain. The request for authorization form was not submitted within the medical records. The request is for group psychological education 2 times a week for 6 weeks for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOLOGY EDUCATION 2 X WEEK FOR 6 WEEKS FOR ANXIETY:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illnes and Stress, Group Therapy.

Decision rationale: The injured worker has been receiving psychiatric care due to anxiety and depression. The Official Disability Guidelines recommend group therapy as an option to provide a supportive environment for which an injured worker with post-traumatic stress disorder may participate in therapy with other post-traumatic stress disorder patients. The guidelines state while group treatment should be considered for patients with post-traumatic stress disorder, current findings to not favor any particular type of group therapy over other types. The injured worker was not diagnosed with post-traumatic stress disorder to warrant group therapy according to the guidelines. Also, the injured worker is noted to have been receiving psychiatric care due to anxiety; however, the injured worker's response to this care was not provided for review to support additional therapy would be supported. Therefore, the request is non-medically necessary and appropriate.