

Case Number:	CM14-0033193		
Date Assigned:	06/20/2014	Date of Injury:	11/16/2008
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 70-year-old male who reported an injury on 11/16/2008 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 12/20/2013, the injured worker complained of pain in his back, leg, and right groin. It was also noted that the injured worker had difficulties controlling his emotions, communicating, and sleep. Prior treatments included psychological therapy, physical therapy, and pain medications. In the physical examination, it was annotated that the injured worker had a sad mood, dysphoric mood, irritable, anxious mood, restless, nervous, apprehensive, and over talkative. The injured worker's diagnoses included major depressive disorder, single episode, mild; generalized anxiety disorder; and insomnia. The treatment plan included a request for group psychotherapy at 1 time per week for 12 months, hypnotherapy/relaxation training at 1 time per week for 12 weeks, and follow-up in 45 days. The request for authorization for group medical psychotherapy for the diagnoses of major depressive disorder, single episode; generalized anxiety disorder; and insomnia was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient group psychotherapy 1 time a week for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 101-102..

Decision rationale: In the California MTUS Guidelines, it states that psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a injured worker's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following stepped care approach to pain management that involves psychological intervention has been suggested: Step 1: identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. In the clinical notes provided for review, it is indicated that the injured worker has been seeing a psychologist on an individual basis. However, there is a lack of documentation of the injured worker's progress or effectiveness of the sessions. Furthermore, there is a lack of documentation or evidence to support the request for group therapy. Therefore, the request for Outpatient group psychotherapy 1 time a week for 12 months is not medically necessary.