

Case Number:	CM14-0033533		
Date Assigned:	06/20/2014	Date of Injury:	04/07/2009
Decision Date:	07/28/2014	UR Denial Date:	02/19/2014
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 Board Certified in Psychologist 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 46-year-old male who reported an injury on 04/07/2009. The mechanism of injury reported was a fall. The diagnoses included depressive disorder, insomnia related to major depressive disorder, alcohol abuse, chronic pain. Previous treatments included medication, psychotherapy, surgery. Within the clinical note dated 03/11/2014, reported the injured worker complained of a depressed mood with anhedonia and loss of libido, poor concentration, attention and memory, decreased appetite, worthlessness, low energy and fatigue, irritability and anger, hopelessness and helplessness, continued to report pain in multiple parts of his body. Upon the physical exam the provider noted the injured worker's mood to be depressed, he did not respond to internal stimuli, and judgment is impaired. The provider noted there was minimal improvement and anxiety. The provider requested for group therapy. However, the rationale is not provided for clinical review. The request for authorization was submitted and dated 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention, Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Group Therapy.

Decision rationale: The request for group therapy is non-certified. The injured worker complained of a depressed mood with anhedonia and loss of libido, poor concentration, attention span and memory, decreased appetite, worthlessness, low energy and fatigue, irritability and anger, hopelessness and helplessness. The California MTUS Guidelines recommend psychotherapy referral after four weeks if lack of progress from physical medicine alone. An initial trial of three to four psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks would be recommended. In this case, the requesting provider did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as established baseline by which to assess improvements during therapy. The request submitted failed to provide the frequency and length of treatment the provider is requesting. There is lack of documentation indicating the injured worker previous sessions including the length of treatment. The request submitted also failed to provide the length of treatment the provider is requesting the injured worker to have. Therefore, the request for group therapy is non-certified.