

Case Number:	CM14-0050026		
Date Assigned:	07/11/2014	Date of Injury:	11/05/2012
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Health Psychology and pain management and is licensed to practice in California. 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:

According to the records provided for this independent review, this patient is a 62 year old female who reported an industrial/occupational work-related injury while she was engaged in her normal work duties for the [REDACTED] as a foodservice worker. There was a specific injury that reportedly occurred on November 5, 2012 and continuous trauma allegations from June 15 2011 to June 15 2012. This specific injury occurred when her right foot hooked on a metal table leg, causing her to fall down hard on her right side, hitting her back and right side of her head probably causing her to be briefly unconscious. She is constant low back pain, headache, in pain in the right knee and ankle. See his difficulty with chronic pain in severe physical limitations and make it hard for her to walk and do most physical activities. Psychologically she is suffering from depression and isolation difficulty sleeping and headache. There is also mention of a hostile work environment and mistreatment from her supervisor. She began seeing a psychologist in September 2013 when she began to discuss the problems with her supervisor ifeelings of anxiety and depression. A recent note from April 2014 described her to continue to experience obsession of thinking about what occurred to her and her were, anxiety, and depression and loss of libido. She has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, and pain disorder associated with both psychological factors and General Medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy, once weekly for 8 weeks, per 4/7/14 form QTY: 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated treatment/Disability Duration Guidelines Mental Illness & Stress.

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

Decision rationale: Based on the provided records this patient has not yet received or participated in any psychological treatment to date. The utilization review rationale to deny eight sessions of group psychotherapy was based on the fact that the MTUS guidelines are silent with respect to the use of group therapy, and that ODG guidelines state that it is a recommended procedure but the one specified for the use with patients who have Post-traumatic stress disorder (PTSD). A review of all the medical records that were provided, and the records reflect that this patient did in fact sustain an accepted psychological injury as a result of her work related injuries. In addition psychological treatment benefit this patient. It is correct that the MTUS does not mention the use of group therapy, and that the ODG states that group therapy is recommended that goes on to discuss the use with patients with PTSD. However, the ODG does not state that group therapy can only be used for patients with PTSD and that if the patient does not have it that would exclude use of it for any other psychological issues related to pain or depression. Therefore, it is my understanding that the general psychotherapy guidelines can be applied in this case to this request. These state that a patient may have up to 13 to 20 sessions of psychotherapy if progress is being made (see June 2014 update). This initial block of eight sessions should be considered to be a treatment trial to see if the patient responds to the treatment with objective functional improvements which must be documented. If additional sessions are deemed to be medically necessary and are requested, authorization should be contingent on clear documentation of the results of this initial block. The result of this independent review is to overturn the denial decision and to authorize eight sessions of group psychotherapy. The request is medically necessary and appropriate.