

Case Number:	CM14-0050517		
Date Assigned:	08/01/2014	Date of Injury:	10/21/1997
Decision Date:	09/09/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Psychology 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:

The claimant is a 53 year-old female (██████████) with a date of injury of 10/12/97. The claimant sustained cumulative trauma injuries to her neck, back, upper extremities, and bilateral shoulders while working for ██████████. The mechanism of injury was not found within the medical records. In his PR-2 report dated 10/29/13, Rheumatologist, Dr. ██████████, diagnosed the claimant with: (1) Myalgia and myositis NOS; (2) Taynaud's syndrome; and (3) Lumbar disc displacement. It is reported that the claimant also developed psychiatric symptoms secondary to her work-related orthopedic/rheumatological injuries. In his PR-2 report dated 8/21/13, Dr. ██████████ diagnosed the claimant with: (1) Other pain disorder related to psychological factors; (2) Major depressive disorder single episode moderate; and (3) Generalized anxiety disorder. The claimant has been treating her psychiatric symptoms with psychotropic medications and group psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy once per week for eight weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain

Medical Treatment Guidelines, The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010), pages. 48-49 of 118; Group therapy.

Decision rationale: The CA MTUS does not address the treatment of depression or the use of group therapy therefore, the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain as well as psychiatric symptoms. She has been participating in group psychotherapy once per week for several years. In an e-mail from ██████████, Claim Representative for ██████, dated 9/9/10, she indicated that AME, Dr. ██████ reported that the claimant would need to "continue indefinitely...group therapy once a week..." In that e-mail, Ms. ██████ advised the claimant that "once an AME states a certain treatment is needed there is no longer a need to send any treatment requests for that particular (i.e. group therapy once a week) to UR. It will be necessary if there is ever a need to increase to more sessions/week." With this information clearly indicated within the claimant's medical records, the request for additional group therapy sessions once per week is a moot point. As a result, the request for "Group psychotherapy once per week for eight weeks" is medically necessary.

