MAXIMUS Federal Services

Case Number:	CM14-0064479		
Date Assigned:	07/11/2014	Date of Injury:	07/26/2003
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Child & Adolescent Psychiatry 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 injured worker is a 48 year old male who was injured at work on July 26, 2003. The mechanism of injury is described as being hit by a cart of drywall weighing 2000 pounds which fell onto him. The injured worker suffered injuries to his lumbar spine, shoulders, neck, chest, both legs and both hands. Subsequently, he developed chronic pain. Later, the injured worker was diagnosed with Major Depression and Chronic Pain Disorder. The injured worker was psychiatrically hospitalized on March 7, 2014 after a suicide attempt. The injured worker was prescribed Cymbalta and Restoril. The post-hospitalization discharge plan was to attend twice weekly group therapy in addition to psychiatric medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy twice a week for twelve weeks: Upheld

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

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, Group therapy.

Decision rationale: The Official Disability Guidelines (ODG) indicate that group therapy is helpful to individuals who are diagnosed with Post Traumatic Stress Disorder (PTSD). It provides a supportive environment in which participation with other PTSD sufferers can participate. There are no recommendations regarding the superiority of one form of group therapy over another. The injured worker is not diagnosed with PTSD but instead is diagnosed with Major Depression and Chronic Pain Disorder. In addition, the request is for a total of 24 sessions of group therapy, exceeds ODG guideline criteria. Therefore, the request for group psychotherapy twice a week for twelve weeks is not medically necessary and appropriate.