

Case Number:	CM14-0073013		
Date Assigned:	06/30/2014	Date of Injury:	06/25/2009
Decision Date:	07/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 licensed 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 48 year-old male (██████████) with a date of injury of 6/25/09. The claimant sustained injury to his left knee when a fabric bootie he was wearing while cleaning got caught in on the wheel of a heavy fold-out-sofa-chair he was moving and caused his left knee to hyperextend. The claimant sustained this orthopedic injury while working as a floor tech for ██████████. In a "Pain Management - Return visit" note dated 5/19/14, ██████████ diagnosed the claimant with: (1) Pain in limb; (2) Enthesopathy of knee; (3) Internal derangement of knee; (4) Knee joint replacement; (5) Chronic pain; and (6) Depressive disorder, Oth. He has been treated via medications and pain management, physical therapy, injection, massage, acupuncture, and surgeries. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 3/5/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Depressive disorder; (3) Insomnia related to Axis I disorder; (4) Pain disorder; and (5) Partner relational problem. He has been treated via individual and group psychotherapy as well as biofeedback. It is the claimant's psychiatric diagnoses that are most related to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic

Pain-Treatment in Workmans' Comp Mental Illness & Stress Procedure Summary Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Therapy for Depression Section.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference on this case. Based on the review of the medical records, the claimant began psychotherapy services following his initial psychological evaluation with [REDACTED] on 10/22/13. He has participated in individual and group psychotherapy as well as participating in biofeedback sessions. It appears that he has completed 6 individual psychotherapy sessions from 11/25/13 through 2/25/14. It was reported that he took a two month break following the first session. He has also completed 6 sessions of biofeedback from 3/10/14 through 6/2/14. Although it was noted in the reports that the claimant had begun group psychotherapy, there were no medical records/progress notes to confirm participation. In his 3/5/14 PR-2 report, [REDACTED] offered relevant and appropriate information to substantiate the need for further treatment. Despite having completed the above mentioned services and made slight progress, the claimant continues to experience symptoms of depression and anxiety. The ODG indicates that further services can be provided if some objective functional improvements are made. Given that the claimant has only completed 6 sessions, another 6 sessions is reasonable. As a result, the request for additional "Cognitive behavioral therapy 1 x 6" is medically necessary.

Group psycho education therapy 1 x 6 (depression): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress Procedure Summary Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118).

Decision rationale: Neither the CA MTUS nor the ODG address the use of group therapy in the treatment of depression. Therefore, the American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference in this case. Based on the review of the medical records, the claimant began psychotherapy services following his initial psychological evaluation with [REDACTED] on 10/22/13. He has participated in individual and group psychotherapy as well as participating in biofeedback sessions. It appears that he has completed 6 individual psychotherapy sessions from 11/25/13 through 2/25/14. It was reported that he took a two month break following the first session. He has also completed 6 sessions of biofeedback from 3/10/14 through 6/2/14. Although it was noted in the reports that the claimant had begun group psychotherapy, there were no medical records/progress notes to confirm participation. In his 3/5/14 PR-2 report, [REDACTED] offered relevant and appropriate information to substantiate the need for further treatment. The AMA guideline indicates that "supportive group therapy has been suggested to have utility in the treatment of major depressive disorder." Given that the claimant continues to experience symptoms, adding group psychotherapy is a reasonable request. As a result, the request for "Group psycho education therapy 1 x 6 (depression)" is medically necessary.