

Case Number:	CM14-0078928		
Date Assigned:	07/18/2014	Date of Injury:	10/06/2010
Decision Date:	09/30/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 57-year-old male with a reported date of injury of 10/06/2010. The mechanism of injury was noted to be from a lifting injury. His diagnoses were noted to include major depressive disorder. His previous treatments were noted to include medication and psychological treatment. The progress note dated 04/13/2014 revealed complaints of up and down mood; however, the anger and irritability had improved. The injured worker reported he had still struggled with getting out of his house and performing tasks like going to appointments and grocery shopping due to weakness in his knees and limited mobility. The objective findings revealed the injured worker appeared depressed and had low energy. Upon examination, the injured worker was cooperative and friendly and ambulated slowly with a restricted and slow range of motion. The injured worker denied suicidal or ideation intent and there was no evidence of psychotic thought processes or behaviors. The provider indicated the injured worker was socially isolated and had restricted behavior. The Request for Authorization form dated 04/14/2014 was for group therapy 3 times per week for 6 months to prevent further deterioration of his overall functioning and to learn appropriate coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy 3 x 6 months, total of 72 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 Health and Illness, Group Therapy.

Decision rationale: The Official Disability Guidelines recommend group therapy to provide a supportive environment in which a patient with post-traumatic stress disorder may participate in therapy with other post-traumatic stress disorder patients. While group treatment should be considered for patients with post-traumatic stress disorder, current findings do not favor any particular type of group therapy over other types. There is a lack of documentation regarding the injured worker being diagnosed with post-traumatic stress disorder. Additionally, the request failed to provide the number of sessions requested. Therefore, the request is not medically necessary.