

Case Number:	CM14-0089981		
Date Assigned:	09/10/2014	Date of Injury:	02/09/2009
Decision Date:	10/07/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 a Licensed Clinical Psychologist, 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 that were provided for this independent medical review, this patient is a 50-year-old male who reported an industrial/occupational continuous trauma injury that occurred between the dates of February 9, 2009 to April 20, 2010; and a specific injury date of February 9, 2009. The injury reportedly occurred during his normal work duties for [REDACTED] his work duties as a laborer/lather and included heavy lifting of rules of black paper and chicken wire and unloading and loading a work truck. He reported that he was working on cleaning up a worksite where scaffolding had fallen on cars in the parking lot as of wind and rain when he felt intense pain in his low back as he bent down to lift a wooden plank. He was unable to straighten up and walk because of the pain, and needed assistance to get out of the truck after the accident the pain radiated down his legs and into his shoulders. Psychologically, he has been diagnosed with Major Depressive Disorder, Single Episode, mild; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder; Insomnia related to the generalized anxiety disorder and chronic pain; stress-related physiological response affecting general medical condition, gastric disturbance and headache. The treatment progress note from December 20, 2013 states that the patient has been attending group therapy and treating with a psychiatrist which he finds both to be helpful with his mood and sleep but he continues to experience symptoms of anxiety and depression, nervousness, inability to relax, excessive worry, sadness, and pessimism about the future and that group psychotherapy is helping him with his social interaction, which improves his mood and sense of hope and efficacy. Treatment goals include: patient will decrease frequency of and intensity of depressive symptoms, increase levels of motivation and hopefulness, improve duration and quality of sleep, and decrease frequency and intensity of anxious symptoms. His progress on his goals was stated as improved mood with medication and

group psychotherapy. The patient appears to have been treated psychologically starting in June 2011 with [REDACTED] and then he started treatment in January 2012 with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, June e 2014 update.

Decision rationale: The CA-MTUS guidelines are non-specific with regards to group medical psychotherapy. The MTUS guidelines for cognitive behavioral therapy and the ODG guidelines for psychotherapy are the closest equivalent. This request for "group medical psychotherapy" as it was stated on the Application for IMR does not contain a quantity of sessions being requested. All requests for psychological treatment that is submitted to independent medical review for consideration must contain the exact quantity of sessions being requested. This request is essentially for an open ended number of psychological treatment sessions which therefore could essentially be construed to be the equivalent of unlimited treatment sessions in perpetuity until the patient's cases closed. Although in the discussion of this request in the utilization review rationale that does specify 1x6 even that is unclear with respect to how many sessions are really being requested and even so the IMR process is not able to authorize any modifications of the request. Unlike utilization review, the IMR process is an all-or-none process that considers the request exactly as it is provided and no modifications or partial certifications can be considered. In addition the medical records that were provided do not state anywhere the total number of sessions that the patient is had to date this information is vitally important and without it the request for additional sessions cannot be considered. The official disability guidelines for psychotherapy for the treatment of depression patients may have 13-20 sessions maximum, if progress is being made. The progress must be evidenced in the form of objective functional improvement, which is defined as a increase in activities of daily living, a decrease in work restrictions, and a reduced reliance on future medical care. The presence of psychological symptomology alone is insufficient to authorize additional sessions if there is no improvement that is being derived from prior sessions. Although the total number of treatment sessions, that the patient is had to date, has not been provided I was able to estimate that perhaps he has had as much is two full years of treatment already. But because this is just an estimate that is not entirely clear if it is accurate. Treatment progress notes that were provided do not reflect substantial progress that would meet the criteria of objective functional improvement. The goals that have been stated for treatment did not appear to change nor is there any specific objective measures of how these symptom issues are improving Because of all these reasons medical necessity is not established and request to overturn the utilization review is not approved.