

Case Number:	CM14-0188936		
Date Assigned:	11/20/2014	Date of Injury:	03/14/2003
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This is a 56 year old male who suffered a work related injury on 03/14/2003. The mechanism of injury was not provided for this review. He continues to have pain and stiffness in both knees, right greater than left, lumbar spine pain with intermittent numbness and tingling in the right lower extremity, and uses a cane to ambulate. He has continued shoulder pain, due to use of cane. The injured worker is significantly limited with his normal activities of daily living. Diagnoses include lumbar disc derangement at multiple levels, lumbar radiculitis/radiculopathy, chondromalacia patella of the right and left knee, lateral meniscus tear right knee, occult tear of the medial meniscus of the left knee, right shoulder strain, and major depressive disorder. Magnetic Resonance Imaging done 09/17/2014 verifies knee diagnoses. The injured worker continues with symptoms of anxiety and depression, complains of fatigue, poor sleep pattern and increasing difficulty in performing activities of daily living. He has received injections to both knees with only partial relief. He is on medications with partial relief of pain. The injured worker has received group therapy, cognitive behavioral therapy, individual psychotherapy, and medication management. Previous treatment has included 73 sessions of psychotherapy. He's been admitted to psychiatric inpatient hospitalization on multiple occasions with suicidal ideation. In September 2013 he was voluntarily admitted to inpatient psychiatric hospitalization for 4 days with feelings of severe depression, guilt, worthlessness, hopelessness and suicidal ideation with the intention to stab himself or overdose on medications. Psychiatric medication includes Cymbalta, Klonopin, and Seroquel. According to a PR-2 completed by his treating psychologist on September 8, 2014 the patient reported increased anxiety due to orthopedic pain with difficulties in ADL causing him to feel frustrated and useless. He reported poor concentration and energy levels. He has been diagnosed with Major Depressive Disorder, single episode, severe without psychotic features. Treatment plan was stated as: "individual

psychotherapy 3 times a week, group therapy twice a week, and psychopharmacological management one time a month." The patient was noted to receive 24/7 homecare by a skilled LVN and transportation to all medical appointments. A request for authorization on 10/07/2014 is for group therapy 2 times a week for 1 month. On 10/17/2014 a Utilization Review denied the request for group therapy twice weekly for one month citing California MTUS: Chronic Pain Medical Treatment Guidelines-Psychological Treatment. According to the Utilization Review, the injured worker has been undergoing group and individual therapy for a prolonged period of time with no functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Therapy twice weekly for 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, Group Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological Treatment, Cognitive Behavioral Therapy Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: group therapy; See also topic: cognitive behavioral therapy psychotherapy guidelines, November 2014 update

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) allow a more extended

treatment. According to the ODG, studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. According to the Official Disability Guidelines, group therapy is recommended as an option. Group therapy should provide a supportive environment in which a patient with posttraumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While the treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. With respect to the requested treatment, the medical records provided do not support the medical necessity of the request. The mechanism of the patient's injury and how it resulted in psychological difficulties was not provided for this review, nor was there a comprehensive psychological evaluation for this patient. The patient's prior psychological treatment history does not document his response to prior group therapy treatment sessions. It is unclear how many group therapy treatment sessions he has had and over what length of time. The psychological progress notes that were provided do not discuss his participation in group therapy in terms of his connection with other group members or benefit in terms of objective functional improvement. It is unclear whether or not the patient has benefited specifically from prior group therapy sessions. There is indication that he is had at a minimum over 70 sessions. It is not clear if these are group sessions are individual sessions. Current treatment guidelines suggest that up to 50 maximum can be provided in the most severe cases with documentation of progress being made in treatment. There was no indication of the patient making progress in treatment. Current treatment guidelines recommend group therapy for PTSD, this patient does not appear to have a diagnosis of PTSD. There was no active treatment plan specifically addressing what the requested group therapy sessions would hopefully accomplish and expected dates of accomplishment. There were few reports from a treating mental health provider. Medical necessity for psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Given the lack of necessary documentation, the medical necessity for the 8 visits of group therapy has not been established. Therefore, the request is not medically necessary.