

Case Number:	CM14-0200054		
Date Assigned:	12/10/2014	Date of Injury:	07/30/2014
Decision Date:	01/28/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/01/2014

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 Psychologist (PHD, PSYD) 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 28 year-old female (██████████) with a date of injury of 7/30/2014. The injured worker sustained injury to her right shoulder as the result of cumulative, repetitive movements while working as a waitress for ██████████. In his 8/22/14 "Doctor's First Report of Occupational Injury or Illness", ██████████ diagnosed the injured worker with: (1) Right shoulder sprain/strain injury, rule out impingement syndrome/bursitis; (2) Complaints of stress, anxiety, depression and sleep disruption, deferred to appropriate specialist; (3) Headache complaints; and (4) Internal medicine complaints of upset stomach and diarrhea. It is also reported that the injured worker developed psychiatric symptoms of depression and anxiety secondary to her work-related orthopedic injury and pain. She was authorized to complete a psychiatric consultation. However, there is no psychiatric evaluation included in the supplied medical records. There is however, a PR-2 report and a Psychological Testing Report with Interpretation from Psychologist, ██████████, dated 10/8/14. In that report, ██████████ diagnosed the injured worker with: (1) Major depressive disorder single episode, moderate; (2) Depressive disorder unspecified; (3) Anxiety state NEC; and (4) Pain disorder associated with psychological factors and a general medical condition. In the same report, ██████████ recommended 12 sessions of group psychotherapy. Although there was a PR-2 report with an included psychological testing report, there was no thorough psychological evaluation report included for review. The requests under review are for an initial 12 group therapy sessions as well as 1 subsequent psych testing, 3 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Subsequent Psych Testing, 3 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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 Chapter.

Decision rationale: The CA MTUS does not address the use of psych testing separate from a full psychological evaluation therefore, the Official Disability Guideline regarding the use of the Beck Depression Inventory (BDI) will be used as reference for this case. Based on the review of the medical records, the injured worker met with her Psychologist in October 2014. At that time, he completed a battery of psychological tests, the results of which were written up in the Psychological Testing Report with Interpretation dated 10/8/14. It is unclear from the request under review as to the types of tests being requested to use and what purpose the testing is to serve. It is recommended that psych tests, such as the BDI and BAI, be utilized as a way to assess for treatment effectiveness however, the injured worker is not participating in any treatment at this time. As a result of the vagueness of the request and the fact that the request appears a bit premature, the request for "1 Subsequent Psych Testing, 3 Units" is not medically necessary.

12 Sessions of Group Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Group Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychotherapy; and American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients with Major Depressive Disorders. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. 152 p. [1170 References]

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 Chapter; The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118).

Decision rationale: The CA MTUS does not address the use of group therapy or the treatment of depression. Therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the injured worker met with her Psychologist in October 2014. Based on his assessment, [REDACTED] recommended an initial trial of 12 group psychotherapy sessions. The APA guideline states that "supportive group therapy has been suggested to have utility in the treatment of major depressive disorder." However, the ODG recommends an "initial trial of 6 visits over 6 weeks." Utilizing both guidelines, the use of group therapy to treat depression is reasonable however; the request

for an initial trial of 12 sessions exceeds the ODG recommendation. As a result, the request for "12 Sessions of Group Psychotherapy" is not medically necessary.