

Case Number:	CM15-0003642		
Date Assigned:	01/16/2015	Date of Injury:	05/22/2013
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 32 year old male who suffered a work related injury on 05/22/13. Per the physician notes from 11/21/14, he reports improvement in his emotional condition with treatment. His persistent pain affects his mood, usual activities, and sleep. The treatment plan consists of cognitive behavioral group psychotherapy and relaxation training/hypnotherapy. On 12/15/14, the Claims Administrator non-certified the cognitive behavioral group psychotherapy, citing non-MTUS guidelines, this non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy, 1x week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress section, Cognitive behavioral therapy

Decision rationale: Pursuant to the Official Disability Guidelines, cognitive behavioral group psychotherapy one time per week for six weeks is not medically necessary. The Official Disability Guidelines enumerate psychotherapy guidelines. The guidelines include, but are not limited to, up to 13 - 20 visits over 7 - 20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued, if appropriate. For additional details see the guidelines. In cases of major depression or PTSD, up to 50 sessions if progress is being made are permitted. In this case, the injured workers working diagnoses are major depressive disorder with generalized anxiety disorder; PTSD; male hypoactive sexual desire due to chronic pain; insomnia; and headaches related to stress. Subjectively, the injured worker has depression and anxiety symptoms in chronic pain complaints. He has sleep disturbances and worries about his physical condition although his mood is improved. Objectively, the documentation indicates apprehension and bodily tension noted with sadness and anxiety. However, he is more optimistic about his future. There are no psychiatric medications documented. The present request is for additional treatment for psychotherapy. The injured worker's current emotional condition remained stable with psychotherapy intervention. There have been no significant gains documented in the medical record. There were general statements in the medical record about present functioning regarding persistent pain affecting his mood. The injured worker is sad because of his physical condition. Neither the anxiety nor the depression requires medication. 35 psychotherapy sessions have been rendered. There was no discussion in the medical record of quantifiable objective progress. The treatment is considered to be in the chronic phase. Consequently, absent documentation indicating significant gains, general statements in the medical record regarding persistent pain affecting his mood, along with 35 psychotherapy sessions to date with no psychiatric medicines, additional cognitive behavioral group therapy one time per week for six weeks is not medically necessary.