

Case Number:	CM15-0009036		
Date Assigned:	01/27/2015	Date of Injury:	02/28/2014
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 02/28/2014. The mechanism of injury was not provided. Surgical history was stated to be none. Medications were noted to include Losartan and lorazepam. Documentation indicated the injured worker was recommended for group psychotherapy for anxiety and depressive disorder on 08/20/2014. On the agreed medical evaluation, the injured worker was noted to be an automotive equipment inspector. Indicated he was trying to explain something to 2 supervisors who accused him of doing his job wrong and the injured worker developed stress. There was a request for 12 psychotherapy sessions dated 12/11/2014. The documentation of 12/03/2014 revealed the injured worker was still depressed and anxiety and was in need of treatment. The provided documentation was difficult to read regarding the subjective complaints. However, it could be determined the injured worker was fearful of the future. The injured worker objective findings revealed anxiety and a flat affect. The treatment included group psychotherapy 1 time a week times 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

Decision based on Non-MTUS Citation Official Disability Guidelines

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 & Stress Chapter, Group therapy.

Decision rationale: The Official Disability Guidelines indicate that group therapy is recommended for injured workers with post-traumatic stress disorder. The clinical documentation submitted for review failed to indicate why the injured worker had a necessity for group psychotherapy. The injured worker was noted to have depression, not post-traumatic stress disorder. Additionally, there was documentation the injured worker had previously been recommended for group psychotherapy and there was a lack of documentation indicating if the injured worker had attended group psychotherapy. If he had attended group psychotherapy what was the objective functional benefit that was received. Given the above and the lack of documented rationale, the request for group psychotherapy x12 is not medically necessary.