

Case Number:	CM15-0104720		
Date Assigned:	06/09/2015	Date of Injury:	05/09/2013
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Psychologist

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 52 year old male who sustained an industrial injury on 05/09/13. Initial complaints and diagnoses are not available. Treatments to date include medications and psychological counseling. Diagnostic studies are not addressed. Current complaints include frustration, depression, stress and anxiety. Current diagnoses include major depressive episode, adjustment disorder with anxiety, panic disorder with agoraphobia, and pain disorder. In a progress note dated 04/29/15 the treating provider reports the plan of care as medications including Prozac, Ativan, Lunesta, Norco, as well as continued psychiatric treatment including biofeedback, and group therapy. The requested treatments are group therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress chapter - Group therapy.

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, Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including group therapy, psycho-educational group sessions, and biofeedback since December 2014. It appears that the injured worker completed 11 of 12 authorized group sessions based on [REDACTED] PR-2 reports. The included group psychotherapy and psycho-educational group notes fail to document the number of completed sessions to date as well as present sufficient information regarding the injured worker's progress. Neither the CA MTUS nor the ODG address the use of group therapy in the treatment of depression. Therefore, the ODG guideline regarding the use of cognitive treatment for depression will be generalized to include group therapy and will be used as reference. The ODG recommends, "up to 13-20 visits over 7-10 weeks...if progress is being made." Without sufficient information to substantiate the need for additional treatment as well as the request under review being too vague, the request for additional "group therapy sessions" is not medically necessary.