

Case Number:	CM15-0108491		
Date Assigned:	06/15/2015	Date of Injury:	02/06/2008
Decision Date:	07/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 46-year-old female who sustained an industrial injury on 02/06/2008 due to a fall with injury to the right knee. Diagnosis is major depressive disorder, single episode, moderate. Treatment to date has included medications, physical therapy, bracing, cold/heat wraps, TENS unit, right knee surgery x3, and cortisone and Hyalgan injections to the right knee. Medications include Trazodone 150mg at HS and Effexor XR 150mg. and psychotherapy/psychiatry were provided for treatment of depression. The most recent PR2 provided is from 04/30/15 she reported improvement in depressed mood, anhedonia, loss of libido, and feelings of guilt, hopelessness and helplessness and anxiety. On examination, her thought process, affect, mood and concentration were appropriate. She was attending group psych education for depression and indicated that it was beneficial. Group psychotherapy progress notes from March and April 2015 show the she was making efforts to understand her illness, learn coping skills, and apply them to make behavioral changes. Topics discussed in these groups included behavioral activation, personal values, and the effect of thoughts. Homework was also assigned. She showed objective functional improvement in that she became an active participant, she made efforts to get out of the house which improved her mood, and showed an understanding of the effect of thoughts on behavior. A request was made for group psychoeducation, six sessions, for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychoeducation, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavior Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102 of 127.

Decision rationale: Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain, which may include group therapy. Guidelines to be followed are ODG (CBT guidelines), which is an initial trial over 6 weeks, and with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions). Group sessions are provided in conjunction with psychotherapy. The patient has shown objective functional improvement but it is unclear if she is continuing to receive psychotherapy as well. Therefore, this request is not medically necessary.