

Case Number:	CM15-0134542		
Date Assigned:	08/12/2015	Date of Injury:	04/16/2015
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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 33 year old female who sustained an industrial injury on 04-16-15. Initial complaints include stress at work, with associated body aches and stiffness. Initial diagnoses include acute situational stress and anxiety. Treatments to date include a psychiatric referral. Diagnostic studies are not addressed. Current complaints include anxiety, depression, headaches, gastrointestinal disturbances, and dermatological problems. Current diagnoses include major depressive disorder, generalized anxiety disorder, insomnia, stress-related physiological response, headaches, gastrointestinal disturbances, and dermatological problems. In a progress note dated 05-24-15, the treating provider reports the plan of care as Cognitive Behavioral Group Psychotherapy for 8 weeks as well as hypnotherapy-relaxation therapy for 8 weeks and psychiatric and dermatological consultations. The requested treatments include group medical psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1xwk x 8Wks: 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, Cognitive therapy for Depression; Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines. See also Group Therapy March 2015 update.

Decision rationale: Citation Summary: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Mental Illness and Stress Chapter, Topic: Group Therapy, March 2015 update. Citation summary: Group Therapy. Recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular & of group therapy over other types. See also PTSD psychotherapy interventions. A request was made for group medical psychotherapy one time a week for eight weeks; the request was modified by utilization review provided the following rationale: "This request for group medical psychotherapy one time a week for eight weeks is modified to cognitive behavioral therapy (CBT) individual one time a week for eight weeks." This IMR will address a request to overturn the utilization review decision. According to a utilization review nurse note said to physician advisor, from July 1, 2015, it is noted that the patient has been diagnosed with Major Depressive Affective Disorder, single episode. She is reported to have symptoms of anxiety, depression, and physical symptoms of headache, G.I. disturbance, and dermatological problems. She reports significant symptoms of feeling sad, helplessness, hopelessness, loneliness and anger as well as irritability, self-critical and pessimistic feelings additional psychological symptoms were reported. According to a psychological assessment service note dated August 3, 2015 is reported that "the patient has not attended any group psychotherapy sessions therefore progress is not recorded yet." As best as could be determined more limited provided medical records, this request appears to be to start a

new course of psychological treatment in the patient who has not yet received psychological care on an industrial basis for a relatively recent industrial injury. The request is for a treatment modality, group psychotherapy, that is according to industrial guidelines appropriate for patients with PTSD. This patient does not appear to have any PTSD diagnosis or reported symptoms of PTSD. No explanation of the rationale about why this patient should be provided group psychotherapy over the standard and preferred individual psychotherapy treatment modality was provided. Individual psychotherapy is the treatment modality discussed and recommended in both industrial guidelines and provides a direct one-on-one intensive therapeutic intervention rather than the more diluted group treatment format. The request was appropriately modified by utilization review to provide for individual psychotherapy treatment. In the absence of a reasonable explanation about why this patient should be placed in group therapy in contrast to individual therapy, and lacking evidence-based guidelines supporting this treatment modality, the medical necessity of the request is not established and therefore the utilization review modified decision is upheld.