

Case Number:	CM15-0162475		
Date Assigned:	08/28/2015	Date of Injury:	07/28/2011
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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 43 year old male, who sustained an industrial injury on 07-28-2011. On provider visit dated 07-06-2015 the injured worker has reported sadness, fatigue, loss of pleasure in participating in usual activities, social avoidance and lack of motivation. Objective findings were noted as the injured worker having an anxious affect. The diagnoses have included depressive disorder NOS and alcohol abuse. Treatment to date has included cognitive behavioral therapy and psychological treatment. The provider requested group psychotherapy once a week for 6 weeks and follow up visit, 1 within 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psycho therapy once a week for 6 weeks (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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, Topic: Group Therapy, August 2015 update.

Decision rationale: Citation summary: 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. Decision: a request was made for group psychotherapy once a week for 6 weeks (6 sessions) the request was non-certified by utilization review which provided the following rationale for its decision: "the necessity for group psychotherapy is not clearly established as cognitive behavioral therapy and biofeedback therapy have been recommended and the necessity for group therapy in conjunction with these other interventions is not supported. Guidelines recommend the benefit this modality for PTSD." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully reviewed for this IMR. There is no clinical indication for discussion of why a group psychotherapy format is being utilized. The use of group psychotherapy is recommended official disability guidelines for patients with PTSD, which does not appear to apply to this patient. The industrial guidelines for psychological treatment recommend the use of cognitive behavioral therapy (individual sessions) but do not discuss the use of group therapy. While group therapy can be beneficial for patients with chronic pain to see other patients with similar situations, on an occasional basis, it would not be considered to be the ideal primary treatment modality when one on one attention is needed to directly address disability symptoms and focus on individual coping skills training. In the absence of the specific discussion of why group treatment would be appropriate for this patient, the medical necessity of the request is not established and therefore the utilization review decision is not medically necessary is upheld.

Follow up visit, 1 within 6-8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated

(modified, increased, or forward duty) at least once a week if the patient is missing work. A request was made for one (1) follow-up visit within 6 to 8 weeks, the request was non-certified by utilization review following provided rationale: "cognitive behavioral therapy intervention and biofeedback was recommended and necessity for formal follow up visits following this course of treatment is not necessary." This IMR will address a request to overturn that decision. The provided medical records indicate that the patient has been participating in psychological treatment and has reported a reduction in depressive symptoms and anxiety symptoms as well as increasing socialization and reduction in anxiety-based evening behaviors. The total quantity of sessions at the patient has received of psychological treatment was not reported. Cannot be determined whether or not additional sessions are consistent with the treatment quantity recommendations listed in the official industrial-based guidelines. The request for one additional follow-up session appears reasonable and medically indicated for this patient. However, no further sessions to be authorized without specific information provided regarding how much treatment the patient has received to date with specific numbers regarding quantity and length of treatment. For this reason, the medical necessity the request for one follow-up visit to be held within 6 to 8 weeks is certified as medically necessary and the utilization review decision overturned.