

Case Number:	CM15-0164943		
Date Assigned:	09/02/2015	Date of Injury:	01/03/2002
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 64 year old man sustained an industrial injury on 1-3-2002. The mechanism of injury is not detailed. Diagnoses include major neurocognitive disorder due to traumatic brain injury and recurrent major depressive disorder. Treatment has included oral medications. Physician notes from the psychiatrist dated 6-12-2015 show complaints of depression and dementia following a traumatic brain injury. Recommendations include start psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy visits with unknown frequency and duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Cognitive therapy; 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 psychiatric medication management services as well as psychotherapy from treating psychiatrist, [REDACTED], for over decade. It is unclear from [REDACTED] records as to the number of completed psychotherapy sessions to date, particularly in 2015. There is also minimal information regarding the consistent progress and improvements that have been made as a result of the services. Additionally, in the QME report of October 2014, [REDACTED] indicated that the injured worker had already received an extensive amount of psychological treatment and recommended that the injured worker be afforded "24 sessions over his lifetime." Lastly, the request for group psychotherapy remains too vague as it does not specify a particular number of sessions nor the duration for which sessions are to occur. As a result, the request for group psychotherapy visits with an unknown frequency and duration is not medically necessary.