MAXIMUS Federal Services

Case Number:	CM15-0191566		
Date Assigned:	10/05/2015	Date of Injury:	12/05/2013
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 48 year old female, who sustained an industrial injury on 12-5-2013. The injured worker is undergoing treatment for: depressive disorder, alcohol abuse, post-traumatic stress disorder. On 8-24-15, she reported being unable to stop thinking about the incident where a co-worker allegedly put Clorox bleach into her coca-cola, and that her psychological symptoms have worsened since her injury. She indicated she cries whenever she smells bleach or is cleaning. She reported a depressed mood, reduced interest in activities, fatigue, low energy, thoughts about death, sleep disturbances, weight increase and decrease, appetite increase and decrease, excessive worry, panic attacks and irritability. A mental status examination revealed her affect to be appropriate to situation, range of affect constricted, mood is sad and fearful, anxiety severe. Beck depression inventory score of 21. The treatment and diagnostic testing to date has included: multiple cognitive behavioral therapy sessions. Current work status: modified. The request for authorization is for: 6 psycho educational group protocols related to given diagnosis of depressive disorder once a week for 6 weeks as an outpatient. The UR dated 9-11-15: non-certified the request for 6 psycho educational group protocol related to given diagnosis of depressive disorder once a week for 6 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psycho Educational group protocol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glass LS , Blais BB, Genovese E Goertz M Harris JS, Hoffman H et al (eds). Occupational Medicine Practice Guidelines : Evaluation and Management of Common Health Problems and Functional Recovery in Workers 2nd Edition. Berkeley Farms , MA: OEM Health Information Press, 2004, Chapter 15, Stress Related Conditions, page 400.

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: Group therapy.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms related to depression and anxiety following her work-related injury in December 2013. In the psychological evaluation dated 8/24/15, [redacted] presents relevant information regarding the injured worker's symptoms and how they are impairing her functioning. Although she is able to work, she does experience PTSD symptoms as well as mood disturbance. In the report, it was recommended that the injured worker receive follow-up individual psychotherapy, biofeedback, medication management, and group therapy. The request under review is based upon these recommendations. In the treatment of PTSD, the ODG recommends the use of group therapy. As a result, the request for 6 group therapy sessions is medically necessary.