

Case Number:	CM15-0207747		
Date Assigned:	10/27/2015	Date of Injury:	06/20/2012
Decision Date:	12/14/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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:

This is a 64-year-old male with a date of industrial injury 6-20-2012. The medical records indicated the injured worker (IW) was treated for major depressive disorder, single episode, moderate; post-traumatic stress disorder; and insomnia. In the progress notes (6-29-15 and 8-21-15), the IW reported depression, anxiety, feeling worried and nervous. He also had feelings of worthlessness and desperation. He complained of difficulty sleeping and nightmares related to incidents at his workplace. He experienced thoughts of death, but denied a plan, intent or suicidal ideation. On examination (8-21-15 notes), he appeared tired, sad, dysphoric, anxious, tense and had difficulty concentrating. He was preoccupied with his physical and emotional symptoms. The provider noted the IW seemed to be making progress with treatment, but was not specific what those improvements were. She recommended continued mental health interventions. Treatments included treatment for physical injuries (medication, physical therapy, surgery, spinal injections) and psychotherapy, cognitive behavioral therapy and group psychotherapy. A Request for Authorization dated 8-26-15 was received for group medical psychotherapy once a week for six weeks (6 sessions). The Utilization Review on 9-3-15 non-certified the request for group medical psychotherapy once a week for six weeks (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Group Medical Psychotherapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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 / Cognitive therapy for PTSD; Cognitive therapy for depression.

Decision rationale: The injured worker has been diagnosed with major depressive disorder, single episode, moderate; post-traumatic stress disorder; and insomnia. It has been suggested that he has been in psychotherapy treatment for the same. Some of the psychotherapy progress notes are available for review but there is no clear information regarding the number of sessions completed so far. Thus, the request for 6 Group Medical Psychotherapy Visits is excessive and not medically necessary.