

Case Number:	CM15-0029502		
Date Assigned:	02/23/2015	Date of Injury:	08/09/2006
Decision Date:	12/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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:

This 43 year old female sustained an industrial injury on 8-9-06. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with radiculopathy, depression, gastrointestinal irritation and gastroesophageal reflux disease and constipation due to prolonged intake of medications. In an evaluation dated 9-25-14, the injured worker complained of an increase in headaches associated with loss of sleep, dizziness and scintillations. The injured worker reported that she continued to be unable to perform activities of daily living and was no longer volunteering. The physician noted that the injured worker exhibited moderate depression and frustration due to her current state of discomfort. The physician stated that half of the examination was occupied by crying in regard to her depression and inability to avoid suicidal thoughts. The physician recommended continuing medications (Oxycontin, Zolpidem, Lamictal, Vibryd, Omeprazole, Cymbalta and Amriz). In an evaluation dated 12-18-14, the physician noted that the injured worker's pain induced depression had continued to increase due to insurance denials for medications. The injured worker's headaches had increased. The injured worker reported having severe mood swings and was feeling suicidal due to denied treatment. The injured worker's severity of pain had increased to 100%. In an evaluation dated 1-15-15, the injured worker reported that the pain continued to significantly worsen without medications. The injured worker stated that she had a psychiatric evaluation scheduled and would be restarting an antidepressant at that time. On 1-22-15, a request for authorization was submitted for six sessions of weekly group cognitive behavioral therapy. On 2-9-15, Utilization Review noncertified a request for six sessions of weekly group cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Session Weekly Group Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

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: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been experiencing psychiatric symptoms secondary to her work-related orthopedic injuries. According to the UR determination letter dated February 2015, the injured worker completed a consultation with psychiatrist, [REDACTED] in January 2015. Apparently, the request under review is based upon [REDACTED] recommendation. Unfortunately, none of [REDACTED] records were included for review. Without his evaluation report from January 2015, there is minimal documentation to substantiate the need for group therapy. Additionally, it is unclear as to why group therapy is being requested as opposed to individual therapy. Without sufficient documentation to substantiate the request, the request for 6 weekly group therapy sessions is not medically necessary.