

Case Number:	CM15-0211508		
Date Assigned:	11/02/2015	Date of Injury:	10/24/2011
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 male with a date of injury on 10-24-2011. The injured worker is undergoing treatment for moderate major depressive disorder and adjustment disorder, and cervical intervertebral disc displacement without myelopathy. A physician progress note dated 08-25-2015 documents the injured worker is fatigued, lethargic and in pain. He is scheduled for a lumbar epidural steroid injection. A psychologist's progress note dated 10-06-2015 documents the injured worker has chronic pain with co-morbid mood disorders. He rates his pain as a 6 on a scale of 0 to 10 without medications. He feels useless, less than a man due to physical restrictions he is not able to work. He has a depressed mood, reduced interest in activities, fatigue and lowered energy, worthlessness or guilt, diminished ability to think or concentrate, sleep disturbances, weight increase-decrease, and appetite increase-decrease. He has symptoms of anxiety. He also has symptoms of post-traumatic stress disorder that has lasted for over a month. He has diagnoses of pain disorder, adjustment disorder with mixed emotional features and sleep disorder. Treatment to date has included diagnostic studies, medications, epidural injections, gym membership, FRP, acupuncture, physical therapy, chiropractic treatment, and use of a Transcutaneous Electrical Nerve Stimulation unit. Current medications include Venlafaxine, Omeprazole, Norflex, Ambien, gabapentin, Norco, ASA, Lisinopril, Metformin Hcl, Atorvastatin, and Fluticasone spray. The Request for Authorization includes Psycho-education group protocol 1 a week over 2 months, Psycho-pharmacological management referral, evaluation and treatment, initial cognitive behavioral therapy 3-4 visits over 2 weeks, and a follow up office visit 1 over 2 months. On 10-20-2015 Utilization Review modified the

request for Psycho-education group protocol 1 a week over 2 months to 4 sessions, and Psycho-pharmacological management referral, evaluation and treatment was modified to an evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho-education group protocol 1 a week over 2 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Group therapy.

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 completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 10/6/15. In the written Medical-Legal Report, it was recommended that the injured worker begin individual psychotherapy, participate in group psycho-educational group therapy, receive biofeedback, and be evaluated for and treated with psychotropic medication. The request under review is based upon these recommendations. In the treatment of psychiatric symptoms, the ODG recommends the use of education, especially in conjunction with "emotional support and counseling." Specifically for the treatment of depression, the ODG recommends "up to 13-20 sessions, if progress is being made." This recommendation is for individual therapy, but will be generalized to include group therapy. Based on these guidelines, the request psycho-education group sessions (once per week over 2 months) appear reasonable. As a result, the request is medically necessary. It is noted that the injured worker received a modified authorization for 4 psycho-education group sessions in response to this request. Therefore, the requested treatment is medically necessary.

Psycho-pharmacological management referral, evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 10/6/15. In the written Medical-Legal Report, it was recommended that the injured worker begin individual psychotherapy, participate in group psycho-educational group therapy, receive biofeedback, and be evaluated for and treated with psychotropic medication. The request under review is based upon these recommendations. The ACOEM recommends the use of specialty

referral in the treatment of conditions outside the scope of the treating physician's practice. In this case, the request is for psycho-pharmacological management referral, evaluation and treatment. Although a referral for a psycho-pharmacological evaluation appears reasonable, the additional part of the request for treatment is premature. As a result, the request for psycho-pharmacological management referral, evaluation and treatment is not medically necessary. It is noted that the injured worker received a modified authorization for an evaluation only in response to this request. Therefore, the requested treatment is not medically necessary.