

Case Number:	CM15-0058104		
Date Assigned:	04/02/2015	Date of Injury:	01/21/2013
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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 54-year-old female, who sustained an industrial injury on 02/07/2013. She has reported subsequent back, shoulder, neck, hand, wrist and right thumb pain and was diagnosed with an orthopedic injury that was not specified, major depressive disorder, generalized anxiety disorder, insomnia and alcohol abuse. Treatment to date has included oral and injectable pain medication, physical therapy and surgery. In a progress note dated 09/22/2014, the injured worker complained of persistent pain, anxiety and excessive worry. Objective findings were documented as showing sadness, anxiety, depressed affect, over-talkative and preoccupied with physical symptoms. A request for authorization of group medical psychotherapy was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 2x Per Month Every Month For 1 Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Chapter, Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services for the past few years. Although it is noted in [REDACTED] December 2015 re-evaluation report that the injured worker remains symptomatic and in need of continued services, the request for an additional 24 psychotherapy sessions (2X/month for 1 year) is excessive and unreasonable given the amount of psychotherapy and other psychological services previously received. As a result, the request for group medical psychotherapy 2X/month every month for 1 year is not medically necessary.