

Case Number:	CM13-0042878		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2011
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/19/2013

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. The expert reviewer is licensed in psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 61 year-old female (██████████) with a date of injury of 1/18/11. According to medical reports, the claimant fell while working for ██████████. Since her injury, she has experienced pain in her neck, right shoulder, both wrists, low back, and both knees. In most of his PR-2 reports, ██████████ diagnosed the claimant with: (1) depression, insomnia; (2) Rt rotator cuff tear, post op; and (3) cervical sprain/strain Lumbosacral. Her medical conditions have been treated via surgery, physical therapy, and medications. In his "Psychological Consultation Report/Request for Treatment Authorization" dated 4/3/13, ██████████ diagnosed the claimant with the following: (1) Depressive Disorder Not Otherwise Specified; (2) Generalized Anxiety Disorder; (3) Insomnia related to Generalized Anxiety Disorder and Chronic Pain; and (4) Stress-related Physiological Response Affecting General Medical Condition, headaches. Lastly, ██████████ completed a "Panel Qualified Medical Re-Evaluation - Psychiatry" on 8/14/13. He diagnosed the claimant with: Depressive Disorder Not Otherwise Specified. It is the claimant's psychiatric diagnoses that are most relevant for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

six Sessions of Group Psychotherapy: Upheld

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

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.

Decision rationale: The Official Disability Guidelines will be used as reference for this case as the CA MTUS does not provide any guidelines for the psychological treatment of depression. The psychological records offered for review do not provide enough information about the type and number of services completed to date. Based on some of the handwritten progress notes from [REDACTED] and [REDACTED], it appears that the claimant has been receiving psychotherapy and medication management services, but the exact number is unknown and there is no information on whether the claimant has obtained any functional improvement from the services. The Official Disability Guidelines recommend that an "initial trial of 6 psychotherapy visits over 6 weeks" be provided and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Without knowing exactly how many sessions have been completed to date or whether any objective functional improvements have been achieved, the need for further services cannot be determined. As a result, the request for Six Sessions of Group Psychotherapy is not medically necessary.