

Case Number:	CM14-0000572		
Date Assigned:	01/10/2014	Date of Injury:	01/22/2008
Decision Date:	04/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 patient is a 53 year old male with a date of injury on 01/22/2008. He noted stress at work. 20 sessions of group psychotherapy were requested and 6 were certified. He has a history of hypertension, sleep disorder and gastrointestinal complaints. An injury to his psyche was noted and he was out of work from 01/22/2008 to 11/10/2008. He was initially evaluated by his primary care provider who prescribed Prozac and then a psychiatrist. Both wanted to send him back to work but he refused. He began psychotherapy in 03/2008. He then returned to work. He was diagnosed with an adjustment disorder with anxiety and depression. He is treated with Prozac. He received psychotherapy and group therapy which he claimed was helpful. On 10/23/2013 20 sessions of group psychotherapy were requested and 4 sessions were authorized. On 12/02/2013 20 sessions of group psychotherapy were requested and 6 sessions were authorized. The provider states that continued group psychotherapy is needed for him to maintain stability. On 12/02/2013 it was implied that the patient required continued (perhaps lifetime as no final number of sessions were noted) group psychotherapy for maintenance of his psyche. It was also suggested that at least 8 sessions would be needed to evaluate the efficacy. Ten sessions have been approved and there was no documentation of any further assessment after 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 20 group psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014, section on Psychotherapy

Decision rationale: The MTUS does not address the number of psychotherapy visits but the Official Disability Guidelines (ODG) does and the recommended number of psychotherapy visits is limited. The ODG recommends psychotherapy for depression/stress/anxiety at a maximum of 13 to 20 sessions over 7 to 20 weeks. The patient has had a multitude of sessions over years. Even for major depression and PTSD there is a maximum of 50 sessions. The total number of psychotherapy sessions was not documented. There is no recent documentation that the certified sessions since 10/2013 were effective. Continued psychotherapy for another 20 sessions without further documentation of efficacy is not indicated. The request is not medically necessary and appropriate.