MAXIMUS Federal Services

Case Number:	CM14-0143079		
Date Assigned:	09/10/2014	Date of Injury:	11/21/2008
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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 Texas. 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 injured worker is a 44-year-old male with a reported date of injury on 11/21/2008. The injury reportedly occurred when a nail penetrated the injured worker's skull. His diagnoses were noted to include major depressive disorder, generalized anxiety disorder, and insomnia. His previous treatments were noted to include psychological therapy and medication. The progress note dated 06/13/2014 revealed complaints of sadness, anxiety, and helplessness due to pain and physical limitations. The injured worker complained of shakiness throughout parts of his body, and he lacked energy and felt weak with difficulties concentrating and remembering things. The injured worker indicated he was better able to manage his anger and anxiety symptoms. The objective findings revealed the injured worker was less tense and apprehensive. The provider indicated the injured worker continued to be anxious and was preoccupied about the future and his physical condition. The provider's treatment goals were intended to decrease the frequency and intensity of depressive symptoms, improve duration and quality of sleep, and decrease frequency and intensity of anxious symptoms. The provider indicated that the injured worker had made some progress that was evidenced by improvement of sleep and emotional condition and that he was learning how to manage his anxious symptoms and anger. The progress note dated 07/25/2014 revealed complaints of pain that affected his activities of daily living. The injured worker reported without medication he had difficulty sleeping because of his pain. The injured worker revealed he felt tired during the day and complained of memory difficulties, headaches, concentration problems, bodily tension, and numbness throughout his body. The injured worker complained of sadness as well as nervousness and worried about his physical condition and levels of pain. The injured worker reported on occasion he felt angry and irritable because he had been unable to engage in his usual activities like he used to and that he felt sad that he was less active than he was prior to his accident. The objective findings revealed a sad and anxious mood,

preoccupation with physical symptoms and levels of pain, and poor concentration. The provider indicated the injured worker needed to continue treatment for the symptoms of depression and anxiety. The provider's treatment goals were noted to include a decrease in frequency and intensity of depressive symptoms, improvement of duration and quality of sleep, decreased frequency and intensity of anxious symptoms, and increase the use of appropriate pain control methods to manage levels of pain. The Request for Authorization form dated 08/12/2014 was for cognitive behavioral group psychotherapy to help the injured worker cope with physical conditions, levels of pain, and emotional symptoms for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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, Group therapy.

Decision rationale: The request for Cognitive Behavioral Group Psychotherapy is not medically necessary. The injured worker complains of symptoms of depression and anxiety. The Official Disability Guidelines recommend group therapy as an option. Group therapy should provide a supportive environment in which a patient may participate in therapy with other patients. Current findings do not favor any particular type of group therapy over other types. The provider indicated the injured worker needed group therapy to help cope with his physical condition, levels of pain, and emotional symptoms. However, the request failed to provide the number of sessions of group therapy requested. Therefore, the request for Cognitive Behavioral Group Psychotherapy is not medically necessary.