

Case Number:	CM14-0149070		
Date Assigned:	09/18/2014	Date of Injury:	06/06/2014
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 52 year-old female (DOB 11/13/61) with a date of injury of 6/6/14. The claimant sustained injury to her psyche as the result of workplace stress while working as a Chief Human Resource Officer for [REDACTED]. In her "Comprehensive Psychological Evaluation by Primary Treating Physician for Treatment Purposes" dated 8/28/14, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder, with mixed anxiety symptoms; and (2) Psychological factors affecting her medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-weekly group therapy 2x month x 3 months 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156); Official Disability Guidelines, Pain Chapter

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 CA MTUS does not address the treatment of adjustment disorder nor the use of group therapy therefore, the Official Disability Guidelines regarding both group

therapy and the use of cognitive behavioral therapy will be used as guidelines for this case. Based on the review of the limited medical records submitted, the claimant initially sought treatment from [REDACTED]. It is unclear what type of treatment was provided nor how many sessions as this treatment was not provided through the WC system. On 8/26/14, the claimant was evaluated by [REDACTED]. In her report, [REDACTED] recommended "psychological treatment on once-a-week basis for approximately the next 3 months in order to reduce her depression and anxiety, and build up self-esteem so that she can create goals to reach functional improvement and to deal more effectively with future work opportunities." Additionally, in her "Treating Physician's Request for Authorization for Psychological Treatment" dated 8/26/14, [REDACTED] indicated that the treatment plan is to "see the patient on weekly basis in either individual or group therapy sessions" and subsequently requested 12 individual sessions and 6 group sessions over a 3 month period. The ODG recommends group therapy in the treatment of PTSD. There is no mention regarding the diagnosis of adjustment disorder. At this time, the claimant has yet to participate in individual therapy, which can be highly effective. Given the recommended plan and subsequent requests for both individual and group therapy, the request of "Bi-weekly group therapy 2 times a month times 3 months 2 times 3" is not medically necessary.