

Case Number:	CM14-0162650		
Date Assigned:	10/07/2014	Date of Injury:	10/21/2006
Decision Date:	10/31/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/03/2014

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 Board Certified in Clinical 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:

According to the records that were provided for this independent review, this injured worker is a 49-year-old-year-old female who reported an industrial/occupational injury that occurred on October 21, 2006 during the course of her normal work duties as an assistant manager for ██████ self-storage. On the date of injury she fell approximately 15 stairs and landed on her left ankle, she crawled to the office and called a friend and was taken to the hospital and was found to have a broken ankle in three places with soft tissue injury. She remained in a cast for approximately one year with no surgery until 2012 when an ultrasound revealed a neuroma in her bilateral feet causing inability to walk and severe ongoing burning pain bilaterally. Subsequently there have been several falls that she relates to her original injury one in January 2014 resulted in fracture of the fifth proximal phalanx she currently reports low back pain, bilateral hip, knee, ankle, and foot pain.. May 2013 psychiatric prescriptions include: BuSpar Risperdal, Sertraline Temazepam, Xanax -it is not clear if she is still currently these. She has been diagnosed with the following psychiatric disorders: Pain Disorder Associated with Psychological Factors and a General Medical Condition; Generalized Anxiety Disorder; and Depressive Disorder Not Otherwise Specified. The injured worker reports suffering from anxiety all the time characterized by feelings of panic and increased irritability, she also reports feeling depressed more than half of the time that she describes as feeling down and having tearfulness with social isolation, motivation, diminished sexual interest, sleep difficulties with poor energy and lack of sleep that results in forgetfulness. A request for group psychotherapy 12 sessions one time per week was made in August 2014 with a diagnosis of Adjustment Disorder with Depressed Mood, Panic Disorder and Pain Disorder. The request was non-certified. The utilization review rationale for non-certification was stated as: "concerning this injured worker, group psychotherapy is not warranted. The injured worker does appear to be suffering from

depressed mood and panic disorder secondary to chronic pain and injury and cognitive therapy for panic disorder as recommended by current guidelines. However the official disability guidelines indicate that cognitive behavioral individual therapy appears to be more suitable persistent therapy the treatment of panic symptoms. Based on the discussion above as well as current evidence based on guideline recommendations, psychotherapy is not appropriate this time. In response a letter from the injured worker's primary treating psychologist states that group therapy has been proven to be very effective in the treatment of chronic pain the environment also tends to have a positive patient provides several research documents to support this statement. There is also a list of treatment goals and expected outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Group Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment: Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy, See Also Psychological Treatment, Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. With respect to this injured worker's psychological treatment in the request for 12 sessions of group psychological treatment, there are several issues that when considered cumulatively make the medical necessity of this request unsubstantiated. First the injured worker was injured in 2006 and there was a recent second injury that occurred in January 2014. She does meet the criteria of sustained psychological symptomology in terms of panic, anxiety, and depression but despite several comprehensive psychological/psychiatric evaluations there's no clear history of her prior psychological treatments. It is unclear if the injured worker has had prior group psychotherapy or individual therapy related to these injuries already and what the outcome was in terms of objective functional improvements and if so when they might have occurred. This information is critical in order to determine whether a new course of treatment is warranted. This does appear to be a request for a new course of treatment and not a request for additional sessions of a course of therapy. The issue of group therapy versus

individual therapy is mostly irrelevant and group therapy can be an equally valid treatment for some, patients with chronic pain and panic disorder. But because of a lack of information provided with respect previous psychological treatments and excessive quantity of sessions at the treatment outset that neglects the necessity of an initial brief treatment trial the request is not found to be medically necessary. The request for 12 Group Psychotherapy Sessions is not medically necessary.