

Case Number:	CM14-0165562		
Date Assigned:	10/10/2014	Date of Injury:	06/08/1994
Decision Date:	11/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 62-year-old female who reported an injury on 06/08/1994 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included surgical intervention and psychological support. The injured worker's diagnoses included failed back surgery syndrome, cervical and lumbar spondylosis, peripheral neuropathy, neurogenic bladder, and major depressive disorder. The injured worker's medications were listed as Duragesic patches, Opana, Tegaderm, Skelaxin, Lyrica, Flector patches, Voltaren gel, Viibryd, Cymbalta, trazodone, clonazepam, Wellbutrin, Ambien, Budeprion, Nexium, Zofran, Vimovo, magnesium, Klorcon, Bisac-Evac, Januvia, glyburide, levothyroxine, furosemide, lisinopril, Humulin, Atenolol, Glucophage, imipramine, amlodipine, metformin, and Linzess. The injured worker's diagnoses also included hypertension, diabetes, hyperthyroidism, constipation, and incontinence. The injured worker was psychologically evaluated on 06/27/2014. It was documented that the patient had had anxiety symptoms, and symptoms of depression. Objective findings included neglected grooming, distractible attention, defective recall in memory, irritable and depressed mood, flight of ideas, poor judgment, feelings of chronic illness and being overwhelmed, and isolating social function. The request was made for combination therapy for relapse prevention for the patient. A Request for Authorization was submitted on 06/27/2014 to support the request.

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 Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Group Psychotherapy

Decision rationale: The requested 12 group psychotherapy sessions is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends an initial trial of 3 to 4 visits to establish the efficacy of treatment, and determine the need for additional treatment. Official Disability Guidelines do support the use of psychotherapy sessions for patients who have significant symptoms of post-traumatic stress disorder (PTSD) and major depressive disorder. The clinical documentation submitted for review does indicate that the injured worker is relapsing in symptoms that would require treatment. Therefore, an initial trial of 12 group psychotherapy sessions would be supported. However, the request exceeds this recommendation. There are no exceptional records noted to support extending treatment beyond guideline recommendations. As such, the requested 12 group psychotherapy sessions is not medically necessary or appropriate.