MAXIMUS Federal Services

Case Number:	CM15-0012941		
Date Assigned:	02/05/2015	Date of Injury:	06/07/2013
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 (IW) is a 33 year old male who sustained an industrial injury on 06/07/2013. In the progress notes of 11/02/2013, the IW has subjective complaints of pain at a level of 8/10; His diagnoses are lumbar sprain/strain, shoulder sprain/strain, ankle sprain, cervical sprain /strain of the neck, headache, and depression. According to the progress note of 12/19/2014, the IW had significant depression. Treatments to date include a previous 12 visits of group cognitive behavioral therapy that were reported to have given the IW improvement. The IW has been receiving transcranial magnetic stimulation, and is also on Effexor XR 225mg by mouth daily each morning, Trazodone 200mg by mouth daily at bedtime, Seroquel 200 mg by mouth daily at bedtime, and Prazosin 2mg by mouth daily at bedtime. In a progress note dated 12/19/2014 the treating provider notes the IW reported depressed mood, irritability avolition and anhedonia, decreased libido, and concentration, increased appetite and weight and weight gain, helplessness and hopelessness and hypnoprompic hallucinations. Diagnoses include: Axis 1 post-traumatic stress disorder, major depressive disorder, single episode severe without psychotic features, chronic pain, obesity, physical injury, disability and financial hardship. On 01/02/2015 Utilization Review non-certified a request for Group cognitive behavioral therapy 1x6, noting the continuation of psychotherapy is contingent upon evidence of functional improvement. Since this evidence is not present, the therapy is not medically necessary. The MTUS Chronic Pain Guidelines Behavioral Interventions, and the Official Disability Guidelines, Cognitive Behavioral Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group cognitive behavioral therapy 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

Decision rationale: Based on the review of the brief medical records submittd, the injured worker has been receiving psychiatric and psychological services to treat his symptoms of PTSD and depression. It was reported by UR that the injured worker completed 12 group psychotherapy sessions however, only 6 group psychotherapy progress notes were included for review (10/2/14-11/6/14). Unfortunately, the group progress notes offer limited information and fail to discuss the objective functional improvements made from the completed group sessions. The only statement about the effects of the group on the injured worker's functioning is that the 'patient is benefitting from group therapy and should continue to attend.' Without more adequate documentation of the objective functional improvements, the need for additional treatment cannot be fully determined. As a result, the request for an additional 6 group psychotherapy sessions is not medically necessary.