

Case Number:	CM15-0111563		
Date Assigned:	06/18/2015	Date of Injury:	11/02/2009
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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 is a 52 year old male, who sustained an industrial injury on 11/2/09. The diagnoses have included major depressive disorder with partial remission, pain disorder associated with both psychological factors and a general medical condition, insomnia related to pain disorder, low back injury, knee injury and physical injury; disability; financial hardship. Treatment to date has included medications and psychiatric care. Currently, as per the physician progress note dated 5/1/15, the injured worker complains of slightly worse sleep taking Trazadone. However, all other symptoms have been slightly less intense but still present every day such as depressed mood, anhedonia, avolition, decreased energy level, decreased self-esteem and worthlessness with anxiety. He attends group psychoeducation for pain and finds it beneficial. The objective findings reveal that he is overweight, less depressed and less anxious and affect is slightly constricted. The thought process is logical and goal directed and he has no delusions, paranoid ideation or no current suicidal ideation. The current medications included Trazadone and Effexor. There are previous psychiatric and psycho education sessions noted. The physician requested treatment included Group psycho education 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psycho education, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Group therapy; Psychotherapy guidelines - Cognitive behavioral therapy (CBT).

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 Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has received a moderate amount of therapy to date. It appears that he participated in psychotherapy with biofeedback sessions with psychologist, [REDACTED], from 2012 through August 2013. Due to an exacerbation in symptoms, the injured worker was referred to psychiatrist, [REDACTED], and completed an initial psychiatric evaluation in August 2014. In his evaluation, [REDACTED] recommended follow-up group psychotherapy for which the injured worker began on September 24, 2014. It appears that the injured worker completed at least 12-13 group sessions prior to the request under review. Unfortunately, the group progress notes do not offer enough documentation regarding the injured worker's progress. The notes simply indicate that the "Patient is benefitting from group therapy and should continue to attend." There is no elaboration regarding how the therapy is benefitting the injured worker and whether there have been changes in the treatment plan to accommodate any lack of progress. The ODG recommends "up to 13-20 visits, if progress is being made." Although this recommendation relates to individual therapy, it is often generalized to include group therapy as well. However, without sufficient information regarding progress, the documentation fails to substantiate the need for any additional treatment. As a result, the request for an additional 6 group psycho educational sessions is not medically necessary.