

Case Number:	CM15-0113414		
Date Assigned:	06/19/2015	Date of Injury:	02/10/2010
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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 41-year-old male, with a reported date of injury of 02/10/2010. The diagnoses include major depressive disorder with psychotic features and chronic pain/complex regional pain syndrome. Treatments to date have included oral medications and cognitive behavior therapy. The progress report dated 05/21/2015 indicates that the injured worker complained of chronic pain in the head, neck, right chest, and right leg. He had difficulty sleeping, and experienced anxiety and depression. The treatment plan included the continuation with group therapy on a onetime per week basis. In-group, the injured worker was supported and shared his coping mechanisms and learned from others. The treating provided wanted him to continue group, and felt that it was bringing him out of self-induced shell, and that it was good for the injured worker. It was noted that the injured worker had attended group therapy weekly from 03/12/2015 through 05/21/2015. The treating physician requested twelve weekly group therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Therapy x 12 Weekly Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 continues to experience chronic pain since his work-related injury in February 2010. He has also struggled with psychiatric symptoms of depression secondary to his chronic pain. He has been receiving psychotropic medication management services from [REDACTED], individual psychotherapy from [REDACTED] and group psychotherapy from [REDACTED]. Based on [REDACTED] 5/21/15 PR-2 report, the injured worker has received weekly group sessions since 3/12/15. Based on this statement, it is assumed that the injured worker has completed approximately 11 group psychotherapy sessions. In regards to guidelines pertaining to group therapy for the treatment of depression and chronic pain, the CA MTUS and ODG are silent. As a result, the ODG recommendations regarding the cognitive treatment of depression will be used as reference. The ODG recommends "up to 13-20 visits over 7-20 weeks" if progress is being made. Considering that the injured worker has likely already received 11 group psychotherapy sessions in addition to the individual therapy he is receiving, the request for an additional 12 group therapy sessions exceeds the ODG recommendations. As a result, the request for an additional 12 group therapy visits is not medically necessary.