

Case Number:	CM15-0121876		
Date Assigned:	07/06/2015	Date of Injury:	11/10/2014
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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:

This 47-year-old female sustained an industrial injury on 11/10/14. The injured worker was receiving ongoing individual and group psychotherapy for post-traumatic stress disorder. In a PR-2 dated 6/4/15, the injured worker reported feeling better. She reported that she had been getting good resting sleep that had gotten slightly worse for the past two weeks due to external stressors. The injured worker reported that the following symptoms had slightly improved: depressed mood with anhedonia, poor concentration, attention and memory, increased appetite and weight gain, poor self-esteem, low energy, irritability and anxiety. The injured worker reported no change in intrusive thoughts of sexual harassment. The physician described the injured worker as cooperative, easily agitated and easy to cry. The injured worker responded with anger and rising voice when confronted about inconsistent medication intake. Current diagnoses included post-traumatic stress disorder, chronic pain, hypothyroidism, obesity and financial hardship. The treatment plan included increasing Effexor XR dosage, continuing group psycho-education for anxiety and depression with six additional sessions, individual trauma focused cognitive behavioral therapy and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychoeducation 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23, 101.

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: Group Therapy, PTSD Psychotherapy Interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychaitric evaluation with [REDACTED] on 2/12/15. In his report, [REDACTED] recommended follow-up psychological services including group psychotherapy, which commenced following the evaluation. The request under review is for an additional 6 sessions. It is unclear exactly how many group therapy sessions have been completed, as the number cannot be found within the group progress notes. There are 5 "Group Patient Education of Cognitive-Behavioral Psychotherapy" notes dated 4/2/15, 4/9/15, 4/18/15, 5/7/15, and 5/21/15. There is also one note dated 6/8/15 that indicates that it is session number 1 of the "Spanish Insomnia Psychoeducation Group." It appears that the injured worker began a different group. Unfortunately, there is minimal information regarding the injured worker's progress from the completed groups. Each group note simply states, "Patient is benefitting from group therapy and should continue to attend." In the treatment of PTSD, the ODG specifically indicates, "up to 13-20 visits over 7-20 weeks...if progress is being made." Without more detailed information about the number of completed sessions and the progress and improvements that the injured worker has made as a result of those services, the need for any additional group therapy sessions cannot be fully determined. As a result, the request for 6 additional group psychotherapy sessions is not medically necessary.

Individual Trauma Cognitive Behavioral Therapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

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: PTSD Psychotherapy Interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychaitric evaluation with [REDACTED] on 2/12/15. In his report, [REDACTED] recommended follow-up psychological services including group psychotherapy, which commenced following the evaluation. Although the injured worker has participated in group therapy, it does not appear that she has received any individual therapy. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Since the injured worker has yet to participate in any individual treatment, the request for an initial 6 sessions of individual therapy appears reasonable and is therefore, medically necessary.

