

Case Number:	CM15-0125139		
Date Assigned:	07/09/2015	Date of Injury:	11/21/2005
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 42 year old male, who sustained an industrial injury on 11/21/05. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder, male hypoactive desire, and insomnia. Treatment to date has included psychiatric treatment and medication including Trazodone, Risperidone, Effexor, Diclofenac, and Hydrocodone. Currently, the injured worker complains of feeling sad and anxious. Other complaints included bodily tension and poor concentration. The treating physician requested authorization for group medical psychotherapy 1 time per week indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1 time per week indefinitely: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 began receiving psychological services from [REDACTED] in 2013 with services continuing until October 2014. The most recent PR-2 report included for review is dated 1/30/15 however, the second page of the report discusses something from June 2015. Therefore, the report appears to have an error with the date. Despite this, there is no recent information such as an updated psychological evaluation that presents sufficient information to substantiate the need for additional services, especially an indefinite amount of group medical psychotherapy. Without more detailed information to support additional treatment, the request for group medical psychotherapy 1 time per week indefinitely, is not medically necessary.