

Case Number:	CM15-0128478		
Date Assigned:	07/14/2015	Date of Injury:	02/14/2012
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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 female, who sustained an industrial injury on February 14, 2012. The injured worker was diagnosed as having major depressive disorder, adjustment disorder with anxiety, insomnia, pain disorder with psychological factors and general medical condition, borderline personality traits, chronic pain. Treatment to date has included group therapy, surgery and medication. A progress note dated June 6, 2015 provides the injured worker reports improved sleep, mood, anxiety and irritability. She does report continued fatigue, worthlessness and decreased concentration. She feels her chronic pain, mental impairment and decreased libido have markedly impaired her marriage. She attends group psychoeducation for anxiety and reports it is very helpful. Physical exam notes less anxiousness, calm demeanor and continued depressed mood. The plan includes medication, continued group psychoeducation, cognitive behavioral therapy (CBT) in attempt to preserve marriage and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Cognitive Behavioral Therapy 1 time a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 (ODG) Cognitive Therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychiatric medication management services as well as psychological treatments for depression and anxiety. It appears that she completed a total of 6 hypnotherapy sessions between January 2015 and March 2015. At which time, she began participating in group psychotherapy. She has completed a total of 10 group psychotherapy sessions between March 2015 and June 2015. The request under review is for an additional 6 group therapy sessions. Although the ODG guidelines refer to individual sessions, they will be generalized to include group therapy sessions as well. The ODG recommends "up to 13-20 sessions...if progress is being made." Given this guideline, the request for an additional 6 sessions is reasonable and falls within the total number of recommended sessions. As a result, the request for an additional 6 CBT group psychotherapy sessions is medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 group therapy sessions in response to this request.