

Case Number:	CM15-0172403		
Date Assigned:	09/14/2015	Date of Injury:	10/13/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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 45 year old female who sustained an industrial injury on 10-13-11. A review of the medical records indicates she is undergoing treatment for pain in joint - pelvis and thigh, lumbosacral spondylosis, depressive disorder, anemia, and chronic pain. Medical records (7-16-15 to 8-6-15) indicate she has undergone surgery of the left hip in January 2013 and the right shoulder "seven years ago". She has had ongoing complaints of poor sleep and difficulty with concentration, attention and memory, poor self-esteem, and irritability and anger. She has had chronic feelings off depression (7-16-15 and 8-6-15). On 8-6-15, she reports that her "mood continues to improve". She also noted improvement in her sleep. She was noted to be sleeping "8-9 hours through the night with improved energy during the day". She noted improvement in concentration, attention and memory, poor self-esteem, and irritability and anger. The treating provider indicates that she is "less depressed and admits better appetite". She continued to complain of lower back pain, which was noted as being addressed by pain management. The examination revealed full affect, logical goal-directed thought process without delusions, paranoia, or obsessive thoughts. Her medications include Diclofenac, Norco, Trazodone, Simvastatin, and Effexor XR. The request for authorization included 6 sessions of psychoeducation for depression. The utilization review (8-18-15) indicates denial of the treatment, indicating that the provided records "do not support this modality as medically necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psycho education therapy x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Mental Illness & Stress, Group Therapy.

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 been receiving psychotropic medication management services from [REDACTED] and psychological treatment via group therapy from psychological assistant, [REDACTED] under the supervision of [REDACTED]. The request under review is for an additional 6 group therapy sessions following a discontinuation of services earlier in the year. Unfortunately, the psychological group therapy records fail to present adequate information to support additional group therapy treatment. There is minimal information indicating that the injured worker has made progress as a result of receiving group psychoeducation therapy. It also appears that there was a prior IMR decision made in August 2015 upholding a denial of additional group therapy services from June 2015. Despite this denial and IMR decision, it appears that the injured worker resumed group therapy as 5 group therapy notes dated 8/7/15 through 9/4/15 were included for review. As a result of insufficient information to substantiate the need for additional treatment, the request for group psychoeducation therapy X6 is not medically necessary.