

Case Number:	CM15-0178204		
Date Assigned:	09/18/2015	Date of Injury:	02/18/2004
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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 59 year old male-female, who sustained an industrial-work injury on 2-18-04. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having major depression without psychotic features, lumbar radiculitis, chronic pain syndrome, lumbar disc displacement, fibromyalgia, chronic myofascial dysfunction, cervical radiculopathy. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, home health aide and transportation, and aquatics. Currently, the injured worker complains of exacerbation of symptoms with somatic and psychological distress, dysphoria without suicidal thinking, anxiety. Medications include Cymbalta, Wellbutrin, Trazodone, and Neurontin. Per the primary physician's progress report (PR-2) on 7-8-15, there was complaints of strong mid back pain with occasional flares and spouse assists with ADL's (activities of daily living) including bathing. He feels desperate because of pain in legs that increases anxiety. There is also bilateral arm pain, low energy and fatigue. TENS gives mild relief. Exam demonstrates flat affect, moderate eye contact, ambulation is with a walker and an analgic gait, lumbar support brace and bilateral wrist brace, range of motion decreased with pain, positive triggers bilaterally at L5 and posterior cervical C6, C7 trapezius, positive Tinel's right inguinal area. Current plan of care includes. The Request for Authorization date was 7-28-15 and requested service included 12 visits of Group therapy. The Utilization Review on 8-19-15 denied the request due to lack of rationale for adjunctive group psychotherapy and specific reason for use, per Official Disability Guidelines (ODG), Mental Illness and Stress - Group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Group therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Group therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: see also Topic: Group Therapy, August, 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) recommend a more extended course of psychological treatment. According to the ODG, studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: up to 13-20 visits over a 7-20 weeks (individual sessions) If documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to a meta-analysis of 23 trials. Mental Illness and Stress Chapter, Topic: Group Therapy, March 2015 update. According to the Official Disability Guidelines Group Therapy is recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular form of group therapy over other types. A request was made for 12 sessions of group therapy; the request was non-certified by utilization review which provided the following rationale for its decision: "the Official Disability Guidelines recommend group therapy for patients suffering from PTSD. The clinical information provided does not include the rationale for adjunct a group psychotherapy. There is no clarification whether this would target pain management and work hardening or if it would be an addition to his individual counseling and anti-depressant medication. Lacking a clear rationale for this therapy for major depression and without support from the guidelines of ODG, 12 visits of group therapy are not medically necessary." This IMR will address a request to overturn the utilization review decision. The provided medical records reflect that this patient has a diagnosis of: Major Depressive Disorder, single episode, severe without psychotic features according to the primary treating physician progress report PR-2 from September 2, 2015. A August 13, 2015

certification notice reflects authorization for 12 visits individual psychotherapy from August 20, 2015 through August 20, 2016. According to a request for treatment from July 2015 from the treating and requesting psychologist: "authorizations requested once a week individual psychotherapy, once a week therapy and once a month psycho-pharmacological management based on medically reasonable treatment requirements. He is also in need of 24 7 home care and transportation to all of his medical appointments." On this request for why group therapy is recommended for this patient in conjunction with the request for individual psychotherapy. The MTUS guidelines do recommend the use of individual psychotherapy for treatment of chronic pain conditions for properly identified patients. The official disability guidelines recommend the use of group therapy for patients with PTSD. There is no recommendation for the use of group therapy for general psychological treatment for the diagnosis of major depression. Group therapy is recommended for patients with PTSD, there is no indication that the patient has his diagnosis. Sometimes group therapy can be used for pain management patients however there is no detailed rationale about why this patient would require this treatment modality. In addition, continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. In this case it is not known how many psychological treatment sessions the patient has received to date. Further, documented evidence of patient progress as a result of prior psychological treatment is not backed with objectively measured indices of functional improvement. There was insufficient documentation regarding the patient's prior psychotherapy treatment provided for consideration for this review. For these reasons, the medical necessity the request is not established and utilization review decision is upheld.