

Case Number:	CM15-0024574		
Date Assigned:	02/17/2015	Date of Injury:	07/04/2014
Decision Date:	04/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/09/2015

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 62 year old female, who sustained an industrial injury on 7/4/2014. She reports neck pain and headaches. Diagnoses include post-concussive headaches, cervical spine symptoms, myofascial pain, tinnitus, left side cervico-genic headaches, chronic pain, depression and anxiety. Treatments to date include psychotherapy, physical therapy and medication management. A progress note from the treating provider dated 12/9/2014 indicates the injured worker reported neck pain. On 2/5/2015, Utilization Review modified the request for 8 visits for cognitive behavioral group psychotherapy to 4 visits, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight weekly cognitive behavioral group psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Psychotherapy Guidelines.

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 psychological services including individual and group psychotherapy from [REDACTED] and/or his colleagues since July 2014. Although there were reports as well as hand-written individual progress notes, there was no documentation indicating the number of group sessions that have been completed to date nor the objective functional improvements made from those sessions. Without this information, the need for additional group psychotherapy sessions cannot be fully determined. As a result, the request for an additional 8 CBT group therapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 4 group therapy sessions in response to this request.