

Case Number:	CM15-0028405		
Date Assigned:	02/20/2015	Date of Injury:	08/31/2012
Decision Date:	07/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/16/2015

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 43-year-old female injured worker suffered an industrial injury on 08/31/2012. The diagnoses included major depressive disorder and anxiety. The diagnostics included psychological evaluation 12/18/2014. The injured worker had been treated with medications and group psychotherapy. On 1/22/2015 the treating provider reported a sad mood and slightly restricted affect. The injured worker had difficulty completing her hygiene and had lost the motivations to immerse herself in pleasant activities along with lost the desire to spend time with her husband. She was able to identify obstacles that interfere with her ability to engage in relaxations activities. It was noted she benefited from group therapy. The treatment plan included Group Cognitive Behavioral Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Cognitive Behavioral Psychotherapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Cognitive Behavioral Therapy (CBT) and Mental Illness & Stress Chapter.

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 individual psychotherapy with [REDACTED], under the supervision of [REDACTED], in May 2014 for an unknown number of sessions. It appears that psychological services continued until December 2014. On January 16, 2015, the injured worker was evaluated by psychiatrist, [REDACTED]. In his Doctor's First Report of Occupational Injury or Illness, [REDACTED] recommended group psychotherapy, which the request under review is based. However, it appears that group psychotherapy commenced prior to receiving authorization as there are two group psychotherapy notes included for review. One is dated 1/22/15 and indicates that it is session number 12, which appears to be a mistake. A second note is dated 2/5/15 and indicates session number 2. Given the fact that the injured worker has already received an unknown amount of individual psychotherapy from a previous provider, the need for additional treatment utilizing a different modality and with a different provider, cannot be fully determined. There is mention of a January AME report from [REDACTED], in which additional treatment was recommended. However, the report was not included for review to confirm. Without more information, besides the Doctor's First Report of Occupational Injury or Illness, the need for 6 group psychotherapy sessions cannot be substantiated and therefore, the request is not medically necessary.