

Case Number:	CM15-0067089		
Date Assigned:	04/14/2015	Date of Injury:	09/19/2003
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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 65 year old female injured worker suffered an industrial injury on 09/19/2003. The diagnoses included major depression, anxiety, chronic neck pain, cervical fusion, chronic low back pain after laminectomy and chronic pain syndrome. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with physical therapy, spinal surgery and medications. On 3/13/2015 and 3/9/2015 and 3/23/2015. The treating providers reported constant pain like a knife in the middle of the back. Her right leg gives out. She reported the pain is increasing radiated to the right lower extremity. She fears she will be disabled for the rest of her life. She is frightened about her conditions. She spends her day lying down in her bed due to severe pain. The treatment plan included group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of group therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education Page(s): 44-45. 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 completed an initial psychological evaluation with [REDACTED] in February 2015. She then began subsequent individual psychotherapy sessions. Based upon a prior authorization for 8 sessions. The request under review is for 12 group psycho-educational/therapy sessions to be completed conjointly with the individual sessions. Although the CA MTUS recommends individual education for which the group will offer, the ODG has set limits upon the number of initial sessions for the treatment of depression. The ODG recommends an "initial trial of 6 visits." Given this information, the request for an initial 12 group sessions exceeds the ODG recommendations and is therefore, not medically necessary.