

Case Number:	CM15-0076290		
Date Assigned:	05/05/2015	Date of Injury:	05/31/2013
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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 (IW) is a 46-year-old female who sustained an industrial injury on 05/31/2013. She reported pain in the head, right shoulder, lower back and psyche. The injured worker was diagnosed as having generalized anxiety disorder, breathing related sleep disorder, and psychological factors affecting a medical condition. Treatment to date has included cognitive behavioral group psychotherapy and referral to a Neurologist due to persisting headaches. Currently, the injured worker complains of pain in multiple areas, insomnia, anxiety, impulsiveness, anxiety and sadness. The treatment plan includes requesting continuation of her weekly cognitive behavioral group psychotherapy/relaxation training for an additional four months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy And Hypnotherapy/ Relaxation Training At Lx/Week For 4 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Cognitive Behavioral 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 completed an initial psychological evaluation with [REDACTED] in July 2014 with the psychological report being issued in August 2014. It appears that the injured worker attended subsequent group psychotherapy for a total of 7 sessions in 2014 and another 12 sessions in 2015. The request under review is for additional group therapy sessions weekly for 4 months. Unfortunately, the psychological records submitted to substantiate the request are brief and limited. They do not provide enough information regarding the objective functional improvements gleaned from the completed treatments as well as thorough treatment plans for additional treatment. Additionally, the injured worker has already completed 12 group sessions for 2015. An additional 16 sessions exceeds the total number of psychotherapy sessions as recommended by the ODG. As a result, the request for CBT and hypnotherapy/relaxation group sessions weekly for 4 months is not medically necessary.