

Case Number:	CM15-0090723		
Date Assigned:	05/15/2015	Date of Injury:	01/22/2009
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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:

This 48 year old woman sustained an industrial injury on 1/22/2009. The mechanism of injury is not detailed. Diagnoses include major depressive disorder, insomnia, and chronic pain. Treatment has included oral medications. Physician notes dated 3/19/2015 show increased anxiety regarding her upcoming surgical procedure. Symptoms include depressed mood, decreased concentration, low energy level, poor libido, forgetfulness, increased appetite, worthlessness, irritability, and anger. Recommendations include Effexor XR, Trazadone, psychoeducation group for anxiety and depression, chronic pain group, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychoeducation x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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 Education.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services from [REDACTED] and psychological psychotherapy services from [REDACTED] and or her supervisees. Unfortunately, the records included for review regarding the injured worker's prior psychological services is lacking. There were only 4 progress notes of the reported 12 group sessions. Additionally, the information presented did not offer many details regarding the injured worker's progress nor specific plans for continued treatment. There is also no information within the records as to the purpose for 6 requested psychoeducational sessions. Although the ODG recommends education regarding symptom management, the information submitted fails to substantiate the request. As a result, the request for psychoeducation X6 sessions is not medically necessary.

Group cognitive behavioral therapy weekly x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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 psychiatric medication management services from [REDACTED] and psychological psychotherapy services from [REDACTED] and or her supervisees. Unfortunately, the records included for review regarding the injured worker's prior psychological services is lacking. There were only 4 progress notes of the reported 12 group sessions. Additionally, the information presented within the notes did not offer many details regarding the injured worker's progress nor specific plans for continued treatment. The plan was simply stated as, "patient is benefitting group and should continue to attend." As a result, the information submitted fails to substantiate the request. As a result, the request for group cognitive behavioral therapy weekly x6 is not medically necessary.