

Case Number:	CM15-0096344		
Date Assigned:	05/26/2015	Date of Injury:	06/14/2012
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 is a 54 year old female with a June 14, 2012 date of injury. A progress note dated April 30, 2015 documents subjective findings (feels better; better sleep; feeling less depressed; improved energy level; depressed mood with anhedonia and loss of libido; disturbance of sleep; poor concentration and memory; low energy and fatigue; poor self-esteem and guilt feelings; irritability and anger; anxiety with somatic and visceral symptoms; episodic suicidal ideation without a plan), objective findings (not tearful; normal speech rate and volume; depressed mood; constricted affect range; much more linear thought process, less negativistic, intermittently tangential and circumstantial; no current suicidal ideation; impaired attention/concentration, requires repetition of the questions and redirection; forgetful), and current diagnoses (major depressive disorder, single episode, moderate; anxiety disorder not otherwise specified). Treatments to date have included medications and group therapy. The medical record notes that the injured worker is being treated for chronic pain. The treating physician documented a plan of care that included group cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group cognitive behavioral therapy 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 psychiatric evaluation with [REDACTED] in December 2014. In his report, [REDACTED] recommended follow-up psychiatric medication management services, rTMS treatment, and psychotherapy. It appears that the injured worker was authorized for those services. In a group progress note dated 4/21/15, it is noted that the injured worker had completed 13 group psychotherapy sessions and that he was "benefitting from group and should continue to attend." Unfortunately, there was limited information regarding the progress being made as a result of the group therapy. The ODG recommends up to 13-20 visits, as long as progress is being made. Although an additional 6 sessions falls within the number of recommended visits, the information in the supplied progress notes regarding progress being made as well as continued symptoms, fails to substantiate the need for any additional group sessions. As a result, the request for group cognitive behavioral therapy 1 time a week for 6 weeks is not medically necessary.