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| Case Number: | CM14-0101730 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/27/2012 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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. The expert reviewer is licensed in Psychologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 35-year-old male with a reported date of injury of 12/27/2012. The mechanism of injury was noted to be from a fall from a conveyor belt. His diagnoses were noted to include depressive disorder, anxiety disorder, insomnia related to anxiety disorder, stress related physiological response affecting general medical condition, and rule out mental disorder due to head trauma. His treatments were noted to include psychological treatment and medications. The progress note dated 07/14/2014 revealed complaints of persistent pain that interfered with the injured worker's sleep and activities of daily living. The injured worker reported his emotional condition had improved with treatment. The injured worker indicated he continued to feel worried, tired, and sad, and was frustrated by his physical limitations and inability to engage in his usual activities such as playing sports as he did before. The injured worker was worried about this future, his ability to work again, and his ability to support himself. The objective findings noted the injured worker to have been sad and anxious, apprehensive, poor concentration, tired, and preoccupied with the emotional and physical conditions. The injured worker appeared to be responsive to treatment and was in need of continued mental health intervention for his symptoms. The provider's goals were noted to be a decrease in frequency and intensity of depressive symptoms, improved duration of quality of sleep, decreased frequency and intensity of anxious symptoms, and the injured worker would develop rationale thoughts about levels of pain and stress. The provider indicated the injured worker reported improved mood and the ability to cope with stressors due to treatment. The request for authorization form dated 04/23/2014 was for group medical psychotherapy to help cope with the physical condition, levels of pain, and emotional symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

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, Cognitive Behavior Therapy for depression.

Decision rationale: The request for Cognitive behavioral group psychotherapy, QTY: 6 sessions is not medically necessary. The injured worker has participated in previous group therapy. The Official Disability Guidelines recommend cognitive behavioral therapy based on meta-analyses than compare its use with pharmaceuticals. Cognitive behavioral therapy fared as well as antidepressant medication with severely depressed outpatient in four major comparisons. In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. The guidelines recommend up to 13 to 20 visits over 7 to 20 weeks individually if progress is being made and recommend a 4 to 6 session trial which should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as to symptom based outcome measures. The documentation provided indicated the injured worker was showing improvement, however there was a lack of evidence showing higher quality of life and function as a result of previous group therapy. Additionally, there is a lack of documentation regarding number of group therapy sessions completed. Therefore, the request is not medically necessary.