

<b>Case Number:</b>	CM13-0031915		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management and is licensed to practice in California. 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:

According to the medical records provided for this independent medical review, this patient is a 56 year old female who reported an injury during the course of her normal work duties on 8/29/12 when she slipped on produce and fell on her right side and reports injury to her neck, right shoulder and back, right upper and lower extremities. She complains of severe stress from the injury and skin rash that may be from the stress. Psychologically, she has been diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Insomnia, Female Hyposexual Desire Disorder due to Chronic Pain and Psychological Factors Affecting Medical Condition. She has received conventional medical treatments, physical therapy, a biopsy, medications and psychotherapy. A request for four (4) to six (6) sessions of Group Psychotherapy was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOUR (4) TO SIX (6) SESSIONS OF GROUP PSYCHOTHERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 & Stress Chapter.

**Decision rationale:** The specific request for what appears to be additional group psychotherapy sessions can not be considered due to a lack of information. After a complete and careful review of all the medical records supplied there were no legible treatment progress notes from the requesting provider that specifically documented the total number of prior sessions that she has had to date and, more importantly, any objective functional improvements that resulted from the prior sessions. This information is vital to allow for further sessions to be approved and reviewed to determine if they are medically necessary based on the guidelines for Cognitive Behavioral Therapy. In addition, because the MTUS guidelines are silent on the matter of group psychotherapy the Official Disability Guidelines are often used which recommend group psychotherapy (as contrasted with individual psychotherapy) only be used for cases of pain with a diagnosis of Post Traumatic Stress Disorder, which would not apply in this case. The request cannot be found to be medically necessary.