

<b>Case Number:</b>	CM13-0061579		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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:

This patient is a 51 year old who according to the provided medical files sustained an injury while in the course of her work as a direct service employee for Mentor Network on 7/9/2009 when her car was hit by another car who ran a stop sign. She has been diagnosed with a left knee contusion, chronic left knee pain and status post left knee surgery. Her mood is described as sad and anxious, her sleep poor (less than 3 hours a night self-reported) and severe headache. She has been diagnosed with Major Depression with suicidal thoughts/behaviors and alternatively with an Adjustment Disorder Mixed with depressed and anxious mood, chronic. She is using a number of pain pills and has taken them excessively on at least one occasion resulting in an emergency room situation. According to at least one treatment note she may have had some mild psychotic symptoms. This IMR is to reconsider a request for 12 sessions of cognitive behavioral group therapy that was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 12 Session of Cognitive Behavioral Group Psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Cognitive Behavioral Therapy (CBT) 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) Psychotherapy Guidelines Mental Stress Chapter

**Decision rationale:** The guidelines for psychotherapy are that an initial trial of 6 visits over 6 weeks is recommended and that with evidence of functional improvement, a total of 13-20 visits over 13-20 weeks. This patient has already received at least 25 sessions of group therapy at this point and therefore exceeding the maximum suggested number of sessions by 5. An additional block of 12 would further exceed that maximum amount. Additionally there is missing specifically documented functional improvement that has been derived from the first 25 sessions. Although some progress notes were provide for this review that presumably were from those sessions they do not provide sufficiently clearly stated evidence of functional improvement that would warrant further treatment.