

<b>Case Number:</b>	CM14-0005131		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Board Certified in Psychology, 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:

The claimant is a 49 year-old male [REDACTED] with a date of injury of June 27, 2012. The claimant sustained an injury to his head when his work truck's roll up door came down and struck him in the head while he was trying to pull out a pallet from his truck. The claimant sustained this injury while working as a delivery truck driver for [REDACTED]. The claimant has received numerous services since his injury including physical, occupational, and speech therapy at [REDACTED]. In a more recent "Primary Treating Physician's Narrative Progress Reprt/Request Authorization for Treatment" dated December 11, 2013, [REDACTED] diagnosed the claimant with: (1) Closed head injury with post-concussion syndrome with cognitive impairment, mood impairment, balance impairment, suggestion of speech impairment; (2) Episoe of loss of consciousness that may be a seizure versus syncope; (3) Muscle contraction vascular headache with related jawlash and left temporomandibular joint syndrome from his initial trauma; and (4) Complaints of numbness in the hands, uncertain etiology, possible carpal tunnel syndrome. The claimant has also developed psychiatric symptoms related to the industrial accident. In his May 7, 2013 "Psychological Consultation Report/Request for Authorization", [REDACTED] diagnosed the claimant with: Major depressive disorder, single episode, mild; (2) Posttraumatic stress disorder, chronic; (3) Insomnia related to PTSD (post-traumatic stress disorder) and chronic pain; (4) Stress-related physiological response affecting general medical condition, gastrointestinal disturbances , high blodd pressure, headaches; (5) Mental disorder NOS due to head trauma; and (6) Cognitive disorder, NOS. It is the claimant's psychiatric diagnoses that are most related to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 And Stress Disorder.

**Decision rationale:** The CA MTUS does not address the treatment of depression nor PTSD (post-traumatic stress disorder) therefore, the Official Disability Guidelines regarding the behavioral interventions for PTSD, the use of group therapy, and the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] in May 2013 and has been participating in group psychotherapy sessions since that time. The number of completed sessions to date and the progress /improvements from those sessions are unknown. The ODG specifically indicates that the need for further treatment is typically dependent upon this information. Although the claimant's diagnosis of PTSD and depression make his case a complex case for which he is entitled to many sessions, the information regarding completed sessions is pertinent. Additionally, the request for "group psychotherapy" is too vague as it does not specify the number of sessions being requested nor the duration of time to complete the sessions. The request for group psychotherapy is not medically necessary or appropriate.