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| <b>Case Number:</b>   | CM14-0009989 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 10/24/2013 |
| <b>Decision Date:</b> | 06/13/2014   | <b>UR Denial Date:</b>       | 01/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### 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 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 50 year old female who reported an injury on 10/24/2013. Per the clinical note date 01/10/2014 the injured worker reported tearfulness, weight gain, sleep difficulties, nightmares, and general fatigue. The diagnosis for the injured worker was reported as pain disorder associated with both psychological factors and a general medical condition. The request for authorization for medical treatment was dated 01/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GROUP PSYCHOTHERAPY TIMES EIGHT (8): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Mental Illness & Stress Procedure Summary, Last Updated 5/13/2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** Per CA MTUS Guidelines psychotherapy is recommended when there is a lack of progress from physical medicine alone. The guidelines recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive

motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. The Official Disability Guidelines note group therapy is recommended as an option. There is a lack of documentation regarding other conservative treatments attempted with the injured worker. In addition, there is a lack of psychological examination findings or objective data regarding the injured worker's psychological condition. Therefore, the request for group psychotherapy times eight is not medically necessary.