

<b>Case Number:</b>	CM14-0101682		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 a licensed Doctor of 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 60-year-old male who reported an injury on 01/23/2009 resulting from injuries and burns to the right hand. The injured worker was diagnosed with major depressive disorder, single epidural, mild; generalized anxiety disorder; male hypoactive sexual desire disorder due to chronic pain; and insomnia related to generalized anxiety disorder and chronic pain; and stress related psychological response affecting general medical condition, gastrointestinal disturbances, and headaches. Prior treatments included a cervical epidural steroid injection, physical therapy, and chiropractic treatment. On 12/16/2013 the physician noted the injured worker had difficulty completing non-specified in-house psychological testing as the injured worker reported concentration difficulties due to fatigue. The injured worker did not show any signs of psychotic functioning and the injured worker's emotional expression was noteworthy for his subdued effect. On 04/02/2014, the injured worker reported grogginess, affecting concentration, and memory functions without medications. The injured worker reported a weight gain of 55 pounds postsurgically. A psychological evaluation was performed on 04/08/2014. During the evaluation the injured worker reported he felt nervous, dizzy, restless, and tense. He often had a choking feeling and reported shortness of breath and indicated he felt fearful and apprehensive. The injured worker also experienced ringing in his ears, blurred vision, and related he was unsteady when he walking and felt as though he lacked coordination. On the House-Tree-Person test the injured worker produced simple incomplete drawings which were noted to indicate signs of anxiety, depression, poor self-image, a tendency to be socially withdrawn, and aggressiveness. A Raven's Standard Progressive Matrices test placed the injured worker's intellectual functioning in the 83rd percentile for his age group. The injured worker scored a 36 on the Beck Depression Inventory which indicated the injured worker reported severe symptoms associated with depression. The injured worker scored a 33 on the Beck

Anxiety Inventory which indicated severe symptoms of anxiety. These tests confirmed reports of depression and anxiety. During the evaluation the injured worker was diagnosed with major depressive disorder, single episode, mild; generalized anxiety disorder; male hypoactive sexual desire disorder due to chronic pain; insomnia related to generalized anxiety disorder and chronic pain; and stress-related physiological response affecting general medical condition, gastrointestinal disturbances, headaches. The injured worker's medication regimen included hydrocodone, zolpidem, omeprazole, and naproxen. The physician recommended discontinuation of the naproxen, increasing omeprazole, and advised the injured worker to attend group psychotherapy sessions. The physician is requesting group psychotherapy sessions, 1 time per week for 12 weeks to stabilize the psychological mood of the injured worker. The Request for Authorization was signed on 05/14/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Group Psychotherapy 1/week x 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Cognitive Behavioral Therapy (CBT) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23..

**Decision rationale:** The California MTUS guidelines recommend cognitive behavioral therapy for patients with risk factors for delayed recovery after an initial course of physical medicine. The guidelines recommend an initial trial of 3-4 visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks. The injured worker underwent a psychological evaluation which indicated the injured worker was diagnosed with major depressive disorder, single episode, mild. The injured worker scored a 36 on the Beck Depression Inventory which indicated the injured worker reported severe symptoms associated with depression and a 33 on the Beck Anxiety Inventory which indicated severe symptoms of anxiety. While the injured worker has significant findings of anxiety and depression for which therapy would be indicated, the request for 1 visit per week for 12 weeks would exceed the guideline recommendations for the total number of recommended visits and the recommendation for the initial trial. The request for group psychotherapy 1 time per week x 12 weeks is not medically necessary.