

<b>Case Number:</b>	CM14-0152000		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Psychiatry 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:

Injured worker is a 51 year old male with date of injury 09/22/2008. Date of the UR decision was 8/27/2014. Report dated 6/30/2014 suggested that he was better able to cope with stressors with treatment. However, his persisting pain was affecting his activities of daily living (ADL's) and at times, his sleep, he lacked energy and motivation. He was feeling angry, sad, nervous, irritable and easily angered. He was bothered that his emotional symptoms were interfering with his interactions with family members He reported experiencing headaches and tension. Objective findings per that report included sad and anxious mood, poor concentration, over talkative, preoccupied with his physical and emotional symptoms. It was indicated that he is in need of continued treatment for his current symptoms of depression, and anxiety. Injured worker has been diagnosed with major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire and insomnia. Prior treatments have included psychiatric treatment and group therapy. It was stated that he has had prior group psychotherapy with no clear documentation of the number of visits completed or documentation of objective measures supporting ongoing functional improvement. It was indicated that on 8/27/2014, he had completed 2 of 6 group psychotherapy/hypnotherapy/ relaxation skill that were authorized on 7/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group medical psychotherapy, once weekly for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Section Page(s): 24 - 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain 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 cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has been authorized for 6 sessions on 7/9/2014 and by 8/27/2014, he had completed 2 of 6 group psychotherapy/hypnotherapy/relaxation skill sessions. The request for additional Group medical psychotherapy, once weekly for six weeks exceeds the guideline and therefore, is not medically necessary and appropriate.