

<b>Case Number:</b>	CM14-0154790		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/05/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

The patient is a 41-year-old female who has submitted a claim for depression, adjustment disorder, pain disorder, and neck pain associated with an industrial injury date of 7/5/2006. Medical records from 8/12/2014 up to 8/21/2014 were reviewed showing tearfulness, withdrawal from activities, loss of libido, and decreased motivation. She has been recently treated with anti-depressants. She attempted a course of psychotherapy in 2012 but stopped the treatment for an unstated reason. MSE revealed normal attention span, adequate fund of information, fluent speech, and normal comprehension. Treatment to date has included psychotherapy, tramadol, gabapentin, Flexeril, omeprazole. Utilization review from 8/27/2014 modified the request for 12 weekly group psychotherapy sessions to #6. Guidelines recommend a 6 visit trial to start a course of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 weekly group psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient is diagnosed with depression, adjustment disorder, and pain disorder. She exhibited tearfulness, withdrawal from activities, loss of libido, and decreased motivation. The patient could benefit from psychotherapy however; the guidelines state an initial trial of 3-4 psychotherapy visits over 2 weeks. Therefore the request for 12 weekly group psychotherapy sessions is not medically necessary.