

<b>Case Number:</b>	CM14-0021142		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/26/1999
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 licensed 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 64-year-old female (██████████) with a date of injury of 2/26/99. The claimant sustained injury while working for ██████████. The mechanism of injury was not found within the medical records offered for review. In their "Visit Note" dated 2/6/14, Physician Assistant, ██████████, and ██████████ diagnosed the claimant with Pain in joint lower leg bilateral. In addition, it is noted that the claimant is post bariatric surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE WEEKLY SESSION OF SUPPORT GROUP BETWEEN 1/28/2014 AND 3/14/2014: Upheld**

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

**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.

**Decision rationale:** Neither the CA MTUS nor the ODG address the use of support groups. The only guideline regarding groups is found within the ODG, but it is directly related to the use of group psychotherapy in the treatment of PTSD. The Clinical Practice Guidelines for the

Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient - 2013 will be referenced as it relates to postoperative support groups. Based on the review of the medical records, it appears that there is some confusion as to the type of support group being requested. In their "Visit Note - Peer-to-Peer Call" dated 1/31/13, Physician Assistant, [REDACTED], and [REDACTED] indicated that "it was recommended that she join a support group in her community to assist in lifestyle adjustments" following the claimant's bariatric surgery. Further, in their "Visit Note" dated 2/6/14, Physician Assistant, [REDACTED], and [REDACTED] simply state that the claimant "was told that she would need to see a dietician regarding her nutrition and diet following this surgery. She is also supposed to go to a support group on a weekly basis." Although the Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient recognizes positive outcomes for support group participation following bariatric surgery, the information presented by [REDACTED] and his staff fails to present medical necessity for such services. As a result, the request for "RETROSPECTIVE WEEKLY SESSION OF SUPPORT GROUP BETWEEN 1/28/2014 AND 3/14/2014" is not medically necessary.