

<b>Case Number:</b>	CM14-0021360		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/18/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/31/2014
<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 Board Certified 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 patient is a 60 year-old male (██████████) with a date of injury of 7/18/10. The patient sustained this injury to his right wrist when a wet 3X12 sheet of aluminum slipped from the patient's grasp, deeply lacerating his right wrist. The patient sustained this injury while working as a machine operator for ██████████. It is also reported that the patient has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his Psychological Consultation Report/Request for Treatment Authorization dated 5/7/13 and subsequent Comprehensive Permanent and Stationary Psychological Evaluation Report/Medical Records Review, dated 11/8/13, ██████████ diagnosed the patient with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder, NOS; (3) Male hypoactive sexual desire disorder due to chronic pain; and (4) Insomnia related to anxiety disorder NOS and chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GROUP MEDICAL PSYCHOTHERAPY TWO TIMES(2X) PER MONTH (NO DURATION STATED) PER DWC RFA DATED 12/11/13 QUANTITY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER BEHAVIORAL INTERVENTIONS Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

**Decision rationale:** The CA MTUS does not address the treatment of depression nor the use of group therapy, therefore, the ODG regarding the use of cognitive therapy for the treatment of depression and the AMA guideline for the use of group therapy in the treatment of major depressive disorder, will be used as references in this case. Based on the review of the medical records, the patient completed his first psychiatric evaluation in 2012 and followed-up with psychiatric care for a few sessions. He did not appear to participate in any psychological services until after [REDACTED] psychological evaluation on 5/7/13. Since that time, the patient has been participating in psychological services with some progress and improvements. Given that the patient has found some success in treatment, further services appear reasonable. However, the request for an additional 12 sessions bimonthly does not offer a reasonable period of time for reassessment of treatment plan goals and interventions if necessary. As a result, the request for group medical psychotherapy two times(2x) per month (no duration stated) per DWC RFA dated 12/11/13 quantity: 12 is not medically necessary.