

<b>Case Number:</b>	CM14-0030132		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Psychiatry 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 female with carpal tunnel syndrome tied to a wrist sprain from a work injury on 7/9/2012. The treatment has included injections, acupuncture, and physical therapy plus group psychotherapy that included relaxation techniques. She has also been prescribed antidepressant medication. The injured worker has complained of anxiety and depression as well difficulty with sleep and concentration. The prior review supported the use of psychotherapy. One psychotherapy visit was deemed appropriate for further assessment and planning with a need to document why additional sessions were indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Group Psychotherapy Quantity Six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 93-94, 23-24, 91.

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

**Decision rationale:** The MTUS Guidelines suggest a separate psychotherapy cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone if there is 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). With evidence of objective functional improvement, a total of up to 20 visits can be certified. In this case, the clinical notes fail to document such improvement. Moreover, the records would suggest that there have been numerous therapy visits to date with all progress notes indicating almost exactly the same symptoms and severity. Based upon a review of the records and provided guidelines, the service under review is not medically necessary.