

<b>Case Number:</b>	CM14-0031392		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 47-year-old male who has submitted a claim for major depressive disorder, anxiety disorder, insomnia, opioid abuse, personality disorder, internal derangement of both knees, and chondromalacia associated with an industrial injury date of 6/7/12. Medical records from 2013 were reviewed. The patient complained of sadness, hopelessness, irritability, less energy, social isolation, crying episodes, weight changes, lack of sexual desire, nervousness, difficulty concentrating, restlessness, and pessimism. The patient likewise experienced chest pain, shortness of breath, numbness and tingling sensation, sleeping difficulty, and headaches. Physical examination revealed a depressed affect, memory difficulties, poor concentration, pre-occupation with physical limitations and pain, anxiety, sad mood, bodily tension, and apprehension. Psychological testing revealed significant depressive and anxious symptoms. Treatment to date has included physical therapy, and medications such as Ambien, ketoprofen, and Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY ONCE A WEEK FOR 12 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Section, Group Therapy, and Psychotherapy.

**Decision rationale:** The Official Disability Guidelines state that group therapy should provide a supportive environment in which a patient with post-traumatic stress disorder may participate in therapy with other patients. Psychotherapy guidelines recommend an initial trial of six visits over 3-6 weeks. In this case, the patient complained of sadness, hopelessness, irritability, less energy, social isolation, weight changes, a lack of sexual desire, nervousness, and pessimism. Physical examination revealed depressed affect, poor concentration, anxiety, sad mood, and apprehension. Psychological testing likewise revealed significant depressive and anxious symptoms. The patient may benefit from a group psychotherapy given his clinical manifestations. However, the present request of 12 sessions exceeded the guideline recommendation of an initial trial of 6 visits. As such, the request is not medically necessary.