

<b>Case Number:</b>	CM14-0054598		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/18/1998
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 64-year-old female with a reported date of injury on 06/18/1998. The injury reportedly occurred while twisting and lifting a 5-gallon bucket at work. Her diagnoses were noted to include major depressive disorder, pain disorder associated with both psychological factors and a general medical condition, status post anterior cervical decompression and instrumented fusion, probable pseudoarthrosis C5-6, and status post L4-S1 instrumented fusion. Her previous treatments were noted to include surgery. The progress note dated 03/05/2014, reported the injured worker complained her pain was worse and was rated 7/10 to her neck, along with numbness and tingling to both arms. The injured worker reported she had difficulty grasping objects with her hands. The physical examination reported normal reflexes, sensory and power testing to bilateral upper and lower extremities. The straight leg raise and bowstring were negative bilaterally. There was positive cervical tenderness noted and cervical spine range of motion was decreased by 30%. The progress note dated 03/18/2014 reported the injured worker complained of back and neck pain with depression and anxiety. The physical examination reported the injured worker was anxious regarding recommendations for spinal surgery. The Request for Authorization was not submitted within the medical records. The request is for eight (8) additional group therapy sessions; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) additional group therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**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, Group therapy.

**Decision rationale:** The injured worker has received previous psychiatric sessions. The Official Disability Guidelines recommend group therapy to provide a supportive environment in which a patient with post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. The injured worker does not have a diagnosis consistent with PTSD; and therefore, group therapy is not warranted at this time. Additionally, there is a lack of documentation regarding previous group therapy sessions, with symptomatic improvement and the number of sessions attended. As such, the request is not medically necessary.