

<b>Case Number:</b>	CM14-0054723		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 a licensed Psychologist 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 69-year-old male who reported an injury on 10/04/2011 due to repetitive motions. The injured worker was diagnosed with major depressive disorder, anxiety disorder, MLS, male hypoactive sexual desire, and insomnia. Prior treatments included chiropractic care, physical therapy, cervical and lumbar epidural steroid injections, a cortisone injection to the shoulder, and acupuncture. Diagnostic studies were performed including an MRI of the cervical spine and an MRI of the bilateral shoulder on 06/08/2012, and an electro-diagnostic study of the bilateral upper extremities on 07/16/2012. In conjunction with conservative care, the primary treating physician placed the injured worker on psychotherapy and was seen by a psychiatrist. The clinical note dated 01/13/2014 noted there was improvement in the injured worker's sleep, symptoms of anxiety, and social functioning. The physician noted the injured worker's anxiety was related directly to persistent pain. The physician noted the injured worker appeared angry and irritable and lacked motivation and energy. There were displays of emotion and sadness. The injured worker was concerned about financial circumstances and had difficulty concentrating and remembering things. The injured worker received Norco, Anaprox, Zanaflex, Prilosec, Topamax, and Prozac. The clinical note dated 02/21/2014 noted the injured worker continued to have no improvement in controlling pain and medications were helping. The injured worker was still anxious and depressed. The injured worker stated he had difficulty sleeping and with physical relations with his spouse. The physician, on 01/13/2014, formulated a treatment plan which would be to decrease frequency and intensity of depressive symptoms, to improve duration and quality of sleep, and decrease frequency and intensity of anxious symptoms. The physician is requesting cognitive behavioral group psychotherapy once a week for 6 weeks to alleviate symptoms of anxiety, depression, and sleep deprivation. A Request for Authorization form was signed on 01/14/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cognitive Behavioral Group Psychotherapy 1 x 6 weeks:** 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 Chapter, Cognitive Behavioral Therapy. Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Group Therapy Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Hypnosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health, Group therapy and PTSD Psychotherapy Interventions.

**Decision rationale:** The request for cognitive behavioral group psychotherapy 1 x 6 weeks is not medically necessary. The Official Disability Guidelines recommend group therapy as an option. The guidelines note group therapy should 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 Official Disability Guidelines recommend up to 13-20 visits over 7-20 weeks for individual sessions if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions can be authorized if progress is noted. The injured worker presented no improvement in pain or psychological issues including anxiety, depression, anger, fear, and insomnia. The psychiatrist treating the injured worker has noted consistent levels of anxiety, fear, depression, and sleep disturbances. The requesting physician did not provide an adequate assessment of the injured worker's psychological condition prior to therapy as well as after therapy in order to provide objective measures by which to assess for psychological improvements over the course of therapy. Per the documentation provided it is not indicated exactly how many sessions of behavioral group psychotherapy the injured worker has completed. As such, the request is not medically necessary.