

<b>Case Number:</b>	CM14-0074249		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 49 year old female employee with date of injury of 7/26/2011. A review of the medical records indicate that the patient is undergoing treatment for left shoulder sprain with impingement, cervical radicular pain, lumbar discogenic pain, Major depressive affective disorder (single episode, mild), Generalized Anxiety Disorder, Insomnia, and Psychological and "behavioral factors associated with disorders or diseases classified elsewhere". Subjective complaints include physical pain of the shoulder, neck and back which is causing disturbances in work, home, social, recreational, outdoor, sleep, sexual activities, emotional, financial, and marital life. Objective findings include neck midline tenderness, left shoulder tenderness over the anterior, lateral and posterior aspect, and lumbar movements are painful. Psychological findings include sadness, anxiety, and apprehension about an upcoming surgery. Treatment has included group therapy. The utilization review dated 5/5/2014 non-certified the request for Group Medical Psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Medical Psychotherapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment, page(s) 100-102 Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** MTUS Pain guidelines and ODG refer to Cognitive Behavioral Psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain." MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: 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)". The patient was previously approved for six group psychotherapy sessions. The treating physician did not detail the success or failure of these previous 6 group therapy sessions. The progress note dated 4/21/14 noted that she was sad, anxious and complained that her emotional condition was worsening. The treating physician has not provided evidence of objective functional improvement. As such, the request for group medical psychotherapy is not medically necessary at this time.