

<b>Case Number:</b>	CM14-0187508		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 a licensed Doctor of 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:

This is a 43 year old male ( ) who sustained a work related psychological injury on 8/14/2014 after an argument with a supervisor. Per the Doctor's First Report of Occupational Injury dated 8/15/2014, the injured worker reported stress and chest pain after a verbal altercation with a supervisor. Physical Examination revealed an overall stressed appearance. There was no suicidal ideation, anxiety agitation, hopelessness, pressured speech or paranoia. He had appropriate mood and affect. Diagnoses included work related stress and chest pain. The plan of care included a psychiatric evaluation. Work Status was off work. On 10/21/2014, Utilization Review non-certified a prescription for Cognitive Behavioral Group Psychotherapy once a week for 12 weeks (1x12) based on lack of a trial of individual therapy showing objective functional improvement as recommended per the guidelines prior to the start of group therapy. The Official Disability Guidelines were cited.

### 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 times a week for 12 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, Mental Illness and Stress Chapter, Cognitive Behavioral therapy

**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 Chapter

**Decision rationale:** The CA MTUS does not address the use of group therapy. The Official Disability Guideline only addresses the use of group therapy in the treatment of PTSD. Although there is not a diagnosis of PTSD, this guideline will be utilized for this case. Based on the review of the "Doctor's First Report of Occupational Injury or Illness" dated 8/15/14, the injured worker presented with stress and chest pain. He was given referrals for psychological/psychiatric services and it is assumed that the injured worker was later evaluated by [REDACTED], who made the request that is under review. Unfortunately, there are no records included for review from [REDACTED]. As a result, there is no information submitted to substantiate the need for group therapy. As a result, the request for "Cognitive Behavioral Group Psychotherapy 1 times a week for 12 weeks" is not medically necessary.