

<b>Case Number:</b>	CM14-0195579		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 a licensed Psychologist 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 injured worker is a 34 year-old male (██████████) with a date of injury of June 29, 2013. The injured worker sustained injury to his head, back, neck, and face as well as psyche when he was assaulted by 4-5 gang members while going door-to-door as a direct sales representative for ██████████. Results of the injury include cervical spine, thoracic spine, lumbar spine, right shoulder, and left shoulder. Diagnoses include cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, rotator cuff sprain/strain, right shoulder sprain/strain, left rotator cuff sprain/strain, left shoulder sprain/strain, loss of sleep, and other insomnia. Treatment modalities have included pain medications, topical compound cream, and requests were made for chiropractic and acupuncture 2 times a week for three weeks. Progress report dated October 30, 2014 showed tenderness to palpation of the cervical paravertebral muscles. There were muscle spasms of the cervical paravertebral muscles. There was tenderness to palpation and muscle spasms of the thoracic paravertebral muscles. There was tenderness to palpation and muscle spasms of the lumbar paravertebral muscles. There was tenderness to palpation of the anterior right shoulder. There was tenderness to palpation of the left anterior shoulder. With regards to the psychological injury, the injured worker was evaluated by ██████████ on 10/28/14 and was diagnosed with: Major depressive disorder, single episode, mild; (2) Posttraumatic stress disorder; (3) Insomnia related to PTSD and chronic pain; and (4) Stress-related physiological response affecting gastrointestinal disturbances, headaches. It was recommended that the injured worker participate in cognitive behavioral group psychotherapy 1X/week for 12 weeks, hypnotherapy/relaxation training 1X/week for 12 weeks, desensitization techniques 1X/week for 12 weeks and completed a psychiatric evaluation with follow-up visits. The request under review for 12 medical group psychotherapy sessions is based on ██████████' recommendation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Sessions of Group Medical Psychotherapy: 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

**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 Group therapy Recommended as an option. 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 (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over o

**Decision rationale:** The CA MTUS does not address the use of group therapy nor the treatment of PTSD nor depression therefore, the Official Disability Guidelines regarding the use of group therapy and PTSD psychotherapy interventions will be used as references for this case. Based on the review of the medical records, the injured worker sustained not only orthopedic injuries, but also injury to his psyche related to the work-related assault on 6/29/13. He has been diagnosed by [REDACTED] with PTSD and Major Depressive Disorder. The ODG recommends group therapy in the treatment of PTSD and the injured worker appears to be in need of services. However, in treating PTSD, it is recommended that there be an "initial trial of 6 visits over 6 weeks." Given this information, the request for an initial 12 sessions exceeds the recommended number of initial sessions per the ODG. As a result, the request for "12 Sessions of Group Medical Psychotherapy" is not medically necessary.