

<b>Case Number:</b>	CM15-0105215		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old female patient who sustained an injury on October 19, 2010 date of injury. The diagnoses include depressive disorder not otherwise specified; sleep disorder due to a medical condition, insomnia type. She sustained the injury due to a slip and fall incident. Per the progress note dated April 30, 2015 she had depressive symptoms of sadness, fatigue, loss of pleasure in participating in usual activities, loss of interest in sex, sleep disturbance, feelings of emptiness, crying episodes; anxiety symptoms including health worries, dizziness, heart palpitations, feeling nervous, sense of dread or doom. The objective findings revealed grimaced in obvious physical pain and complained about her health; acknowledged having ruminative obsessive type thoughts. The medications list includes voltaren gel and ultracet. Treatments to date have included imaging studies, physical therapy, surgery, injections, medications, and biofeedback therapy and cognitive behavior therapy. The treating physician documented a plan of care that included group psychotherapy sessions, office visit follow up every six to eight weeks for six months, and a sleep study referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 group psychotherapy sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 3/25/15) Group therapy.

**Decision rationale:** Per the ODG guidelines, group therapy is "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 other types." The cited guidelines recommend group therapy for patients with PTSD. Per the records provided this patient is having a depressive disorder and insomnia. Evidence of PTSD is not specified in the records provided. Response to medications for the depression and insomnia was not specified in the records provided. A detailed evaluation by a psychiatrist (in addition to a psychologist) was not specified in the records provided. In addition, patient has recently had cognitive behavior therapy and biofeedback therapy with improvement for this injury. Rationale for additional kind of psychotherapy-group therapy is not specified in the records provided. The medical necessity of 6 group psychotherapy sessions is not fully established for this patient. The request is not medically necessary.

**Office visit follow up 1 every 6-8 weeks over a 6 month period:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per the records provided patient had chronic pain with significant depressive symptoms. She has had recent biofeedback and cognitive behavior therapy for this injury. Therefore follow up visits are medically appropriate and necessary to monitor her symptoms. The request for Office visit follow up 1 every 6-8 weeks over a 6 month period is deemed medically appropriate and necessary for this patient at this juncture.

**Sleep study referral:** 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, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Polysomnography.

**Decision rationale:** CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per ODG cited below Polysomnography/sleep study is, recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The records provided do not specify if any of the above criteria are present. A detailed clinical history regarding insomnia is not specified in the records provided. Response to sedative/sleep promoting medications and behavior intervention are not specified in the records provided. The medical necessity of sleep study referral is not fully established for this patient. Therefore, the request is not medically necessary.