

<b>Case Number:</b>	CM15-0134512		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California

Certification(s)/Specialty: Psychologist

### 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 54 year old female, who sustained an industrial injury on 6/14/2012. Diagnoses include anxiety disorder NOS, major depressive disorder, NOS and chronic pain. Treatment to date has included psychological care including group psychotherapy and medication management. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported feeling slightly better. She has had 13 sessions of therapy so rTMS so far. She states she is crying less and more motivated, she goes out more and has stopped pulling her hair. Group therapy has helped her understand her condition and she learned how to change her thoughts and activities. Mental status examination described her as cooperative, polite and not tearful. Her affect was intense and appropriate to content and situation. The plan of care included continuation of medications, rTMS and group psycho-education. Authorization was requested for group- psycho education for anxiety (18 week course).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group psycho-education for anxiety, x 18 week course:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT); Mental Illness & Stress, Group 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: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation with [REDACTED] on 12/18/14. In his report, [REDACTED] recommended individual and group psychotherapy for which the injured worker began in January 2015. Based on the included records, it appears that the injured worker completed approximately 28 group therapy sessions between January 2015 through June 2015. The request under review is for an additional 18 sessions. The ODG recommends "up to 13-20 visits". The injured worker has already exceeded the number of total sessions set forth by the ODG. There is no indication as to the need for an additional 18 visits. As a result, the request for an additional 18 sessions of group psycho-education is not medically necessary.