

<b>Case Number:</b>	CM15-0189322		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 61 year old male, who sustained an industrial injury on 1-23-2009. The injured worker is being treated for major depressive disorder, generalized anxiety disorder, male hypoactive sexual drive and insomnia. Treatment to date has included medications, cognitive behavioral therapy, and psychological assessment and treatment. Per the Psychological Progress Report dated 3-13-2015 the injured worker (IW) reported frustrated and discouraged by his levels of pain and physical limitations. He is sad, pessimistic, overwhelmed and unmotivated. He tends to remain socially withdrawn. He has trouble concentrating, focusing on things and remembering things. Objective findings included sad and anxious mood, over talkative with poor concentration and preoccupied with current physical symptoms and limitations. He had facial flushing, ambulates with a cane and is close to tears. Per the medical records submitted there is no documentation regarding how many prior sessions of group psychotherapy the IW has participated in, if any, and-or documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with any prior treatment. Work status was permanent and stationary. The plan of care included cognitive behavioral group psychotherapy (1x6). Authorization was requested on 8-12-2015 for 24 sessions (1x24) of group medical psychotherapy. On 8-31-2015, Utilization Review modified the request for 24 sessions of 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 1 time a week for 24 weeks, total 24 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition (web), updated 05/11/2015, Mental illness and 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 has been receiving psychological services since his initial psychological evaluation in April 2014 for an unknown number of completed sessions. The request under review is for an additional 24 group psychotherapy sessions. For the treatment of depression, the ODG recommends a total of up to 13-20 sessions if progress is being made. It further indicates that "in cases of severe major depression or PTSD, up to 50 sessions if progress is being made." Considering that the injured worker has already received a significant amount of therapy with minimal progress documented within the records, the request for an additional 24 group psychotherapy sessions is excessive and not medically necessary.