

<b>Case Number:</b>	CM15-0205591		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 46 year old female, who sustained an industrial injury on 2-6-08. The injured worker was being treated for single episode of major depressive disorder with partial remission, chronic pain, sleep apnea, physical injury and financial hardship. Records dated 8-6-15 and 9-10-15 were reviewed, the injured worker complains of having more pain and is more anxious; she admits situational helplessness, and complains of depressed mood with anhedonia, loss of libido, decreased attention and memory, poor self-esteem, guilt feelings, low energy, irritability, anger, anxiety with somatic, visceral, sensory and autonomic symptoms and continued knee pain with planned surgical intervention. She is not working. Objective findings dated 9-10-15 noted antalgic gait, constricted range of affect and understands the symptoms of mental illness and need for treatment. Treatment to date has included oral medications including Percocet, Effexor, Trazodone, Naproxen, AcipHex and Flexeril; 4 surgeries, physical therapy, home exercise program, psychotherapy and activity modifications. The treatment plan included refilling of oral medications request for authorization of 18 psychoeducation sessions and follow up appointment. On 9-22-15 request for 18 psychoeducation sessions and 6 sessions of group cognitive behavioral therapy was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 weekly sessions of group cognitive behavioral therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**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 experiencing psychiatric symptoms related to depression and anxiety secondary to her work-related orthopedic injuries. She completed an initial psychiatric evaluation with treating psychiatrist, [REDACTED], on 2/24/15. In the evaluation report, [REDACTED] recommended follow-up group psychotherapy, for which the injured worker was subsequently authorized to receive. It appears that the injured worker has completed approximately 22 group psychotherapy sessions between March 2015 and October 2015. However, this number was difficult to discern as a progress note dated 6/11/15 indicated that it was group session number #14, while a progress note dated 10/28/15 indicated that it was from group session #8. It appears that the progress note sessions are based on separate authorizations and do not take into account the actual total of completed sessions to date. In the treatment of depression, the ODG recommends "up to 13-20 sessions, if progress is being made." Although this recommendation applies to individual therapy, it is being used regarding group therapy for this case. Considering that the injured worker remains symptomatic having already completed 22 group psychotherapy sessions with only slight progress made, the request for an additional 6 sessions exceeds the recommendations set forth by the ODG. As a result, the request for an additional 6 group CBT sessions is not medically necessary.

**18 sessions of group psychoeducation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**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 experiencing psychiatric symptoms related to depression and anxiety secondary to her work-related orthopedic injuries. She completed an initial psychiatric evaluation with treating psychiatrist, [REDACTED], on 2/24/15. In the evaluation report, [REDACTED] recommended follow-up group psychotherapy, for which the injured worker was subsequently authorized to receive. It appears that the injured worker has completed approximately 22 group psychotherapy sessions between March 2015 and October 2015. However, this number was difficult to discern as a progress note dated 6/11/15 indicated that it was group session number #14, while a progress note dated 10/28/15 indicated that it was from group session #8. It appears that the progress note sessions are based on separate authorizations and do not take into account the actual total of

completed sessions to date. In the treatment of depression, the ODG recommends "up to 13-20 sessions, if progress is being made." Although this recommendation applies to individual therapy, it is being used regarding group therapy for this case. Considering that the injured worker remains symptomatic having already completed 22 group psychotherapy sessions with only slight progress made, the request for an additional 18 sessions exceeds the recommendations set forth by the ODG. As a result, the request for an additional 18 group psychoeducation sessions is not medically necessary.