

<b>Case Number:</b>	CM15-0039430		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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  
 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 58-year-old female who reported injury on 03/06/2002. The mechanism of injury was a trip and fall while working on a roof. Prior treatments included physical therapy, MRI and x-rays. The injured worker had 2 surgical interventions for the left knee. The documentation indicated the resultant injuries included chronic pain, disablement and a diagnosis of major depression disorder/suicidal ideation without psychotic features. The documentation indicated the injured worker needed home care assistance by a psych technician and LVN and transportation to all medical appointments in order to prevent further institutionalization. The injured worker utilized the [REDACTED] program. The undated documentation indicated the injured worker continued to attend [REDACTED] program and had placed forth her greatest effort to lose weight. The injured worker had lost a little over 20 pounds. The injured worker indicated she had been experiencing urinary incontinence and it was documented the presence of home care nurses and therapy at the office had been beneficial in helping to reduce suicidal ideation. The objective findings revealed the injured worker presented in a distressed state. The injured worker had difficulty with memory and concentration throughout the session. Psychomotor retardation was noted. The diagnoses included major depressive disorder, single episode, severe without psychotic features. The treatment plan included individual psychotherapy 2 times a week, and group therapy 1 time a week and psychopharmacology management 1 time a month for 3 months. The Request for Authorization was submitted for review on 12/18/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Group therapy (twelve sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness & Stress Section.

**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 & Stress Chapter, Group Therapy.

**Decision rationale:** The Official Disability Guidelines indicate that group therapy is recommended as an option for injured workers with post-traumatic stress disorder with other post-traumatic stress disorder injured workers. The clinical documentation submitted for review indicated the injured worker had major depression and was not noted to have post-traumatic stress disorder. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for 12 sessions would be excessive and would not allow for reassessment to indicate the injured worker was moving in a positive direction. Given the above, the request for group therapy 12 sessions is not medically necessary.