

<b>Case Number:</b>	CM15-0058231		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 48 year old female, who sustained an industrial injury on 1/22/09. She reported low back pain, left knee pain, left foot pain, and left shoulder pain. The injured worker was diagnosed as having major depressive disorder, insomnia, and chronic pain. Treatment to date has included group psychotherapy for insomnia and medications. Currently, the injured worker complains of depression and nervousness. The treating physician requested authorization for group cognitive-behavioral treatment weekly x6 and psychoeducation x6. A physician's report notes that injured worker would like to restart group psychoeducation for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Cognitive-Behavioral Treatment (CBT) weekly x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-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 psychotropic medication management services from [REDACTED] as well as attending a CBT/psychoeducational group facilitated by psych trainees under the supervision of [REDACTED]. It appears that the injured worker may have begun the group therapy in November however, the stated session number on at least one group progress note is incorrect. For example, the most recent group progress report from January 5, 2015 indicates that the session is number 12. However, the group progress note dated 12/1/14 indicates session number 3 whereas a November note indicates session number 7. This writer will assume that there have been a total of 12 group sessions to date. Unfortunately, there is minimal information regarding the progress that has been made and the objective functional improvements achieved from the completed sessions. In the 1/5/15 group progress note, facilitator, [REDACTED], indicates that the "Patient is benefitting from the group therapy and should continue to attend." There is no other information as to the ways in which the injured worker is benefitting with regards to improvements in functioning. Without further information, the need for any additional group therapy sessions cannot be determined. As a result, the request is not medically necessary.

**Psychoeducation x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

**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 Behavioral Therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychotropic medication management services from [REDACTED] as well as attending a CBT/psychoeducational group facilitated by psych trainees under the supervision of [REDACTED]. It appears that the injured worker may have begun the group therapy in November however, the stated session number on at least one group progress note is incorrect. For example, the most recent group progress report from January 5, 2015 indicates that the session is number 12. However, the group progress note dated 12/1/14 indicates session number 3 whereas a November note indicates session number 7. This writer will assume that there have been a total of 12 group sessions to date. Unfortunately, there is minimal information regarding the progress that has been made and the objective functional improvements achieved from the completed sessions. In the 1/5/15 group progress note, facilitator, [REDACTED], indicates that the "Patient is benefitting from the group therapy and should continue to attend." There is no other information as to the ways in which the injured worker is benefitting with regards to improvements in functioning. Without further information, the need for any additional group therapy sessions cannot be determined. As a result, the request is not medically necessary.

