

<b>Case Number:</b>	CM15-0059736		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 35 year old male, who sustained an industrial injury on 8/5/14. The documentation noted on the PR2 dated 2/3/15 that the injured worker had approximately 10% to 20% decrease in low back pain radiating to the right buttock with six sessions of acupuncture. The diagnoses have included lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain. Treatment to date has included acupuncture; medications and use of home electrical muscle stimulation unit. The request was for 12 group psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 group psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Group Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** Based on the review of the medical records, the injured worker was evaluated by [REDACTED]. In the March 2015 "Doctor's First Report of Occupational Injury or Illness", it was recommended that the injured worker follow-up with 12 group psychotherapy sessions, for which the request under review was based. The CA MTUS recommends an "initial trial of 3-4 visits" for the treatment of chronic pain whereas the ODG recommends an "initial trial of 6 visits" for the treatment of psychaitric symptoms. Based on both of these cited guidelines, the request for an initial 12 group sessions exceeds initial recommendations and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 group psychotherapy sessions in response to this request.