

<b>Case Number:</b>	CM14-0145859		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 year old male who was injured in March of 2012. He has had residual shoulder, neck, back and lower extremity pain. A diagnosis of Major Depression, single episode, moderate is reported. The patient has been receiving psychological services and there is conflicting information as to whether he has been in group therapy. The report dated 8/14 of this year indicates that he was in group therapy and found it helpful but later states that the plan was for him to begin the following week. The patient has been treated with Effexor 150 mg daily and trazodone 50 mg at hs. The provider is requesting coverage for 6 group CBT sessions. The request was denied by the previous reviewer due to lack of medical necessity. This is an independent review of the above mentioned decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Group Cognitive Behavioral Therapy x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain; and the Mental Illness & Stress Chapter, Group Therapy (updated 06/12/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 23.

**Decision rationale:** The rationale for the request is not clear and while it appears that the patient has been receiving ongoing group therapy the number of previous sessions or degree of progress is not known. ODG guidelines are silent in regards to group therapy for Major Depression although they do indicate it might be helpful in PTSD. The records submitted do not indicate that this patient has the latter diagnosis. State of California MTUS indicate cognitive therapy with an initial trial of 3-4 visits. The request by the provider for 6 sessions exceeds this standard and absent additional information regarding the rationale for the request the proposed treatment is not medically necessary.