

<b>Case Number:</b>	CM14-0151997		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 licensed in Psychology and is licensed to practice in California. 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:

According to the records that were provided for this independent review, this 31-year-old female patient has a date of injury that occurred on April 1, 2009. The injury reportedly occurred when she slipped and fell on some water injured her neck, back left-handed shoulders and subsequently developed pain and was diagnosed With Chronic Regional Pain Syndrome with subsequent symptoms of anxiety and depression. She reports pain in her right hand, waist, back and shoulders. Psychologically, she has been diagnosed: with Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia. She has also been diagnosed with Pain Disorder Associated with Psychological Factors and a General Medical Condition. There is a note stating that she has been prescribed Zoloft and Buspar and discontinued taking trazodone and that she is having difficulty controlling her emotions and impulses feeling sad, fearful, nervous, restless, anxious, depressed and has difficulty communicating and sleeping well complains of sad mood blurry vision and anxiety and restlessness. Progress notes state that the patient has had weight in, trouble with her memory and fears the worst happening to her especially going into surgery with distressing dreams and nightmares and headaches and gastrointestinal problems "she has improved with treatment". A request was made for group psychotherapy, the request was noncertified. According to the utilization review rationale for non-certification the injured worker has already had at least 27 sessions of group therapy without sustained documentation of functional improvement and lack of hard clinical indicators for additional 16 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

**Decision rationale:** This request was improperly written and submitted: on the Application for Independent Medical Review DWC Form, the request as it was written is stated as: "group psychotherapy." The independent medical review process (IMR) is different than the utilization review (UR) process. Whereas UR can offer modifications and partial certifications to the request, the IMR is restricted to consideration of the request as it is written on the application form. No modifications, or partial certifications, can be offered. Because the request that was submitted states it is for unspecified number of sessions of group psychotherapy, if the conclusion of this independent medical review was to overturn the UR decision of non-certification it would result in the equivalent of the patient being authorized for unlimited sessions in perpetuity until the patient's case is closed. Continued treatment is contingent on the patient showing objective functional improvement in their prior psychological sessions and not solely on symptomology. Objective functional improvement is defined as a reduction in work restrictions and dependency on future medical care as well as an objectively measured increases in activities of daily living. According to the official disability guidelines, after an initial trial of 3 to 4 sessions (MTUS) or up to six sessions (OD G) evidence of objective functional improvements must be assessed, and if progress is being made additional treatment sessions up to a maximum of 13-20 can be offered for most patients, and in cases of severe psychological disturbance including PTSD symptoms additional treatment sessions can be offered up to 50 maximum if progress is being made. The progress has to be assessed on an ongoing basis during the course of treatment. Utilization review rationale suggests that this request was for one session per week for four months. Although this information was included in the medical records because it was not written on the application for independent medical review it cannot be used with respect to this request because it is unverified. In addition, even if the request was able to be taken and used for this IMR, the number of sessions is the equivalent of approximately 16 and greatly exceeds the above stated guidelines. This is especially true if the patient has already had 27 sessions as has been indicated. The ongoing assessment of progress being made needs to occur during the course of treatment at reasonable intervals and while these are not specified in the MTUS guidelines, it should occur on a regular basis. There was not sufficient documentation provided to demonstrate the medical necessity of this request. The conclusion of this IMR is that the medical necessity of this request has not been established based solely on administer error and insufficient documentation and not patient symptomology.