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| <b>Case Number:</b>   | CM14-0217079 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 02/03/2000 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/29/2014 |

### 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. 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:

This 62 year old male reportedly sustained an undisclosed work related injury on February 3, 2000. Diagnoses include post traumatic stress disorder and major depressive disorder single episode severe without psychotic features. There is no mention of diagnostic tests provided in the medical record. Primary treating physician visit dated October 24, 2014 provides the injured worker has increased shoulder pain with stiffness and a feeling of being demoralized related to inability to function without assistance. It is noted the injured worker appeared distressed and had difficulty concentrating. Medications listed are Seroquel 150 mg daily, Remeron 45 mg daily, Welbutrin XL 300 mg daily and Ambien CR 12.5 mg daily. He has been in treatment since 2003 with the treating psychologist, the total number of sessions is unknown that he has received. On December 2, 2014 utilization review denied a request dated October 24, 2014 for 12 group psychotherapy (1 time a week for 3 months) for post traumatic stress as outpatient. Medical journals were utilized in the determination. Application for independent medical review (IMR) is dated December 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Group psychotherapy (1 time per week for 3 months) for post traumatic stress: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 402. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Mental Illness & Stress; Broadspire Physician Advisory Criteria-Mental Health: Outpatient Individual Psychotherapy for Depressive Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines see als. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 update.

**Decision rationale:** The medical necessity of the requested 12 group psychotherapy sessions for posttraumatic stress disorder was not established by the documentation provided for this review. Although the official disability guidelines specify that for most patients of course of treatment of 13-20 sessions is recommended and in some cases of severe symptomology additional sessions up to 50 can be allowed maximum, for this request the supporting documentation of prior psychological treatment was insufficient. There was essentially no clinical data presented to support this request. There was no comprehensive review of the patient's prior treatment, no indication of how many sessions he has received in the past, and no indication of progress achieved from prior treatment sessions. The medical records that were provided for this review consisted almost entirely of documentation related to insurance requests. The mechanism of injury was not discussed nor were his psychological symptoms detailed in any significant way. Due to insufficient medical records the requested treatment was not supported and because of this the utilization review determination for non-certification is upheld. The request is not medically necessary.