

<b>Case Number:</b>	CM14-0217135		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/29/1997
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/22/2014
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Female claimant sustained a work injury on 12/29/97 involving the shoulders, left knee, neck, low back and wrists. She was diagnosed with chronic pain and depressive disorder. She had undergone, acupuncture, and used pain medications for symptom relief. A progress note on 12/12/14 indicated the claimant had seen a psychotherapist for at least 5 sessions. The psychiatrist noted that the claimant talks freely during the sessions and had begun indentifying her goals including exercise capacity and work options. The psychiatrist recommended 20 sessions of outpatient pain management group therapy to meet on a weekly basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Therapy weekly x 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG-TWC, Mental Illness & Stress Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 32-35.

**Decision rationale:** According to the guidelines, it is now being suggested that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than 3 to 6 months after a disabling injury. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant's injury was 7 yrs. prior to the request for initiating the group sessions request. In addition, there is no indication of the therapeutic response at the 2 week mark to determine if a total of 20 sessions would be beneficial. The individually psychotherapy sessions are not indicative of group response. The requests for 20 group sessions are not substantiated and therefore not medically necessary.