

<b>Case Number:</b>	CM15-0114308		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 27 year old female, who sustained an industrial injury on 3/11/15. The documentation on 5/18/15 noted that the injured worker has complaints of feeling sad and anxious, feels like crying and has blurry vision. The documentation noted that her weight has decreased by about 15 pounds and her appetite and sexual desire have decreased and she is having difficulty making decisions and sleeping. She is experiencing headaches and sweaty palms. The documentation under objective findings noted that the injured worker had anxious mood, nervous and body tension. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood and psychic factors associated with diseases classified elsewhere. Treatment to date has included cognitive behavioral group psychotherapy and hypnotherapy/relaxation training. The request was for 16 group psychotherapy; 1 time a week for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 group psychotherapy; 1 time a week for 4 months: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive Behavioral Therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial evaluation with [REDACTED] on 3/18/15. In his "Doctor's First Report of Occupational Injury or Illness", [REDACTED] recommended an initial 8 group therapy sessions and 8 hypnotherapy sessions. It is assumed that those sessions were authorized and completed however; there is no confirmation, as no progress notes were included for review. There is however, a PR-2 report dated 5/18/15. There is no mention regarding the number of completed sessions to date. Additionally, there is no indication of progress having been made as a result of the completed services. The ODG recommends, "up to 13-20 visits over 7-20 weeks...if progress is being made." In addition to having no indication regarding improvements, the request for an additional 16 visits exceeds the total number of sessions recommended by the ODG. As a result, the request for an additional 16 group psychotherapy visits is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 8 visits in response to this request.