

<b>Case Number:</b>	CM15-0127520		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 45 year old female who sustained an industrial/work injury on 10-13-11. She reported an initial complaint of pain in left knee, shoulder, right hip, lumbar spine, and cervical spine. The injured worker was diagnosed as having pain in joint-pelvic, thigh and spondylosis of lumbosacral area. Treatment to date includes medication, surgery (left hip arthroscopy), and diagnostics. MRI results were reported on 7-8-14 of the left hip that reported mild degenerative arthritis, chondral defect in the superior and medial aspect of the acetabula, low grade strain in the distal aspect of both glutens medius muscles. MRI of the left shoulder on 2-25-14 reveals SLAP tear, supraspinatus mild tendinopathy with mild bursal surface fraying, biceps mild intrascapular segment tendinopathy. Currently, the injured worker complained of left shoulder, rated 6 out of 10, manageable with medication and also left hip pain, manageable with transcutaneous electrical nerve stimulation (TENS) unit use. Per the primary physician's report (PR-2) on 6-9-15, exam noted normal gait, normal muscle tone, and no swelling observed in any extremity. The requested treatments include Psychoeducation Group Therapy x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychoeducation Group Therapy x6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

**Decision rationale:** The ACOEM guidelines states that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. The request was made for Psychoeducation Group Therapy, 6 sessions, the request was non-certified by utilization review which provided the following rationale: "IW worker has had unknown prior sessions. Based on the diagnosis and considering the very chronic nature of the condition, and a lack of discussion of objective functional benefit and number of prior sessions and lack of new short and long-term goals according to the MTUS the request is not medically necessary. Decision: According to a group psychotherapy progress note from May 28, 2015 the patient participated in "group patient education of cognitive behavioral psychotherapy" it is noted that session that she came with depressed mood and mild to moderate depressive symptoms but is making "great efforts in immersing some of the positive activities as evidenced by desire to spend time with her family, completing chores, and self-care activities." It is also noted that the patient is "benefiting from group therapy and should continue to attempt." Similar progress notes were found for multiple dates in May and April 2015. According to a December 2, 2014 comprehensive report in psychiatry she was diagnosed with the following "Major Depressive Disorder, secondary type moderate severity; Generalized Anxiety Disorder with Panic Attacks; Pain Disorder Associated with both Psychological Factors and a general medical condition; and sleep disorder, insomnia type secondary to chronic pain." Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. Over 800 pages of medical records were submitted for this IMR, a clear and concise statement about the quantity of treatment sessions at the patient has received to date was not medically found. This was consistent with the utilization review statement of rationale for its decision. Without knowing the total quantity of prior treatment sessions that the patient has received already it is not possible to determine whether or not additional sessions are medically appropriate and reasonable. Additional psychological treatment may be appropriate for this patient but without more substantial information regarding the patient's prior psychological treatment including total quantity of sessions received, the medical necessity of this request was not established and therefore the utilization reviews decision is upheld and therefore not medically necessary.