

<b>Case Number:</b>	CM15-0065003		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/08/2010
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 54 year old female, who sustained an industrial injury on May 8, 2010. She reported injuries of the neck, upper back, mid back, low back, shoulder, arm, elbow wrist, hand right hip, right leg, right ankle, and right foot. The injured worker was diagnosed as having a major depressive disorder, single episode, severe without psychotic features and pain disorder associated with both psychological factors and general medical condition bereavement. Treatment to date has included group cognitive behavior therapy, 6 sessions of group hypnotherapy, and antidepressant medication. On January 31, 2015, the treating physician noted the injured worker's attention/concentration was improved with occasionally lost the line of the interview, judgment was improving with her being open to different treatment options, and insight was fair with her understanding some of the symptoms of mental illness and the need for treatment. The treatment plan includes continuing the antidepressant medication, group cognitive behavior therapy, and group hypnotherapy. The requested treatment is 18 sessions of psycho educational group therapy for the management of anxiety as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Psycho educational group therapy (18 sessions) for management of anxiety as an outpatient: 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 Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

**Decision rationale:** Upon review of the submitted documentation, it is gathered that the injured worker has completed group therapy treatment. There is no clear documentation justifying the rationale behind the request for 18 Psycho educational group therapy (18 sessions) for management of anxiety as an outpatient. The request is excessive and not medically necessary as group therapy treatment has already been completed.