

<b>Case Number:</b>	CM15-0094260		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/19/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 47 year old female, who sustained an industrial injury on 3/19/11. She has reported initial complaints of neck, right shoulder and right upper extremity injury. The diagnoses have included cervical sprain/strain, brachial neuritis or radiculitis, myalgia/myositis and major depressive disorder with psychotic features. Treatment to date has included medications, diagnostics, heat, psychiatric sessions, chiropractic, and home exercise program (HEP). Currently, as per the physician psychiatric progress note dated 5/1/15, the injured worker reports feeling better with improvement in depression, anxiety and auditory hallucinations. Her major complaint is increased pain in the neck and right shoulder area which travels to the right upper extremity as well as having difficulty with sleeping and headaches about three times a week. She feels that her current medications are beneficial and would like to continue with them. She is currently attending school every day for 3 hours. The physical exam was unremarkable. The mood was described as better, she is pleasant and cooperative, she is oriented, there is no significant impairment in the short term or long-term memory, there is no evidence of tangentiality or looseness of associations, and she denies suicidal/homicidal ideations, auditory, visual or tactile hallucinations. The current medications included Abilify, Effexor, and Remeron. The physician noted that she can benefit from individual therapy as well as group therapy once a week for 6-12 weeks. The physician requested treatment included Group Therapy 1 time a week for 6 weeks by a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Therapy 1 Time A Week for 6 Weeks by a psychologist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), group therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines. See also Group therapy March 2015 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Group therapy: Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions. The provided medical records do not establish the medical necessity of the requested intervention. Although the medical records that were provided did contain several psychiatric treatment progress notes, the patient was injured in 2011 and it is unclear whether or not she has already received any prior individual or group psychological treatments, and if so what was the quantity and outcome. The utilization review notation regarding its decision indicates that the patient has participated in psychological treatment however; it may be that this was referring to the psychiatry progress notes. If the patient has not participated in any prior psychological treatment with a psychologist on an individual basis or any prior psychological treatment in group setting then the request would be appropriate.

Although the MTUS and specifically does not address group therapy and the official disability guidelines do so but only in the context of patients with posttraumatic stress disorder, which it does not appear this patient has. In the absence of information with regards to this patient's prior psychological treatments, if any, the medical necessity of this request was not established if the patient has in fact not received any psychological treatment this should be reassessed in light of additionally provided information including session quantity and outcome. Because the request is not medically necessary, the utilization review determination of non- certification is upheld.