

<b>Case Number:</b>	CM15-0096511		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 60 year old female, who sustained an industrial injury on 7/22/09. The injured worker has complaints of depressive and anxious symptomatology, insomnia, excessive worries and chronic pain. The documentation noted that the injured worker worries about her future and has heart palpitations, thoughts of death and social withdrawal. The documentation noted that the injured workers mood is sad and anxious and depressed affect. She verbalizes feelings of hopelessness and helplessness. The diagnoses have included 293.83. Treatment to date has included zoloft. The request was for 12 group medical psychotherapy, once per week for 12 weeks, 12 sessions total.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Group Medical Psychotherapy, once per week for 12 weeks, 12 sessions total:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group; [www.clinicalevidence.com](http://www.clinicalevidence.com); Section: Mental Health; Condition: Anorexia Nervosa, Generalized Anxiety Disorder.

**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 therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in January 2015. In that report, [REDACTED] recommended follow-up psychological services, which began shortly after the evaluation. The request under review is for an additional 12 sessions. Unfortunately, the most recent requested progress report, dated March 2015, fails to offer information about the number of completed sessions to date as well as the progress and improvements made from the services. The ODG recommends up to 13-20 sessions, as long as progress is being made without more information about the completed services, the need for any additional treatment cannot be fully determined. As a result, the request for an additional 12 sessions is not medically necessary.