

<b>Case Number:</b>	CM15-0099506		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 male, who sustained an industrial injury on 7/4/12. He reported pain in right foot, right arm and back; he also developed a headache and sustained injuries to his neck, upper extremities and lower extremities after a fall off a ladder. The injured worker was diagnosed as having depressive disorder, generalized anxiety disorder, insomnia related to generalized anxiety disorder and chronic pain and stress related physiological response affecting headaches. Treatment to date has included Tylenol, activity restrictions, physical therapy and psychological testing. Currently, the injured worker complains of feeling sad, less energy, social withdrawal; appetite and weight changes, pessimistic, sensitive/emotional; nervous, restless, tense, apprehensive; excessive; worry, nightmares/distressing dreams; sleep difficulties, gastric disturbances, headaches and chronic pain. He is currently not working. Objective findings included depressed affect, memory difficulties, preoccupied with physical limitations and pain, anxious and sad mood, nervousness, bodily tension and apprehensive. The treatment plan included cognitive behavioral group Psychotherapy for 8 weeks, once a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group psychotherapy, 1 time per week for 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102.

**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] on 3/2/15. In that report, [REDACTED] recommended follow-up psychological services including group psychotherapy as well as hypnotherapy/relaxation training sessions. It is assumed that the injured worker began subsequent services as there is a progress report dated 4/24/15. Unfortunately, the report fails to note the number of psychotherapy and/or hypnotherapy and relaxation sessions have been completed. Additionally, the progress reported simply states, "Patient has made some progress in improvement towards treatment goals as evidenced by reports of mood and social functioning with treatment." This statement remains too vague as does not give any indication of specific improvements in mood and/or social functioning. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." The lack of documentation fails to substantiate the need for any additional treatment. As a result, the request for an additional 8 sessions of group psychotherapy is not medically necessary.