

<b>Case Number:</b>	CM14-0145993		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/17/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 whose date of injury is 07/17/2004. On this date she was directing traffic when she was struck in the calves by a car. Treatment to date includes epidural steroid injection and medication management. The injured worker has completed at least 16 group therapy sessions to date. Note dated 06/26/14 indicates that the injured worker is taking ibuprofen. Note dated 07/01/14 indicates that pain is unchanged at 6-8/10. Diagnoses are major depressive disorder, moderate to severe; anxiety disorder. Prior utilization review denied a request for group therapy x4 sessions at 30, 90, and 180 days after completed group sessions for follow QTY: 3 on 08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group therapy x4 sessions at 30, 90, and 180 days after completed group sessions for follow QTY: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

**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- Group therapy

**Decision rationale:** The injured worker has undergone a program of group therapy; however, there are no objective measures of improvement documented to establish efficacy of treatment and support additional sessions. The Official Disability Guidelines note that group therapy is an option for injured workers with a diagnosis of posttraumatic stress disorder. This injured worker does not present with a diagnosis of posttraumatic stress disorder. Based on the clinical information provided, the request for group therapy x 4 sessions at 30, 90 and 180 days after completed group sessions for follow qty 3 is not medically necessary.