

<b>Case Number:</b>	CM14-0135970		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a date of injury of May 9, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode, moderate, generalized anxiety disorder, and primary insomnia. Medical records dated April 21, 2015 indicate that the injured worker complained of difficulty controlling his emotions, difficulty sleeping, communicating, and making decisions. Records also indicate the injured worker feels sad, tired, irritable, fearful, nervous, restless, helpless, anxious, and depressed. A progress note dated June 7, 2015 documented complaints of feeling "okay", and unchanged appetite. The physical exam dated April 21, 2015 reveals a sad mood, anxious mood, nervous, apprehensive, and body tension. The progress note dated June 7, 2015 documented a physical examination that showed a pleasant mood, appropriate affect, normal rate and tone of speech, thought processes "Within normal limits", no suicidal or homicidal ideation, and fair insight and judgment. Treatment has included group therapy and medications (Celexa 40mg since at least March of 2015). Many of the relevant progress notes were handwritten and portions were difficult to decipher. The original utilization review (August 22, 2014) partially certified a request for group therapy once a week for twelve weeks (original request for group therapy twice a week for twelve months).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group therapy 2 times as week for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 & Stress, Group Therapy.

**Decision rationale:** The claimant sustained a work injury in May 2009. He underwent resection of cancer of the tongue with reconstruction using tissue transfer from the left volar forearm. He continues to be treated for chronic pain and secondary depression, anxiety, and insomnia. When seen, he was having pain and difficulty controlling his emotions. He was isolated and socially withdrawn. Physical examination findings included a sad and anxious mood. Psychotherapy and hypnotherapy were recommended. Group therapy is recommended as an option for the treatment of posttraumatic stress disorder. An initial trial of 6 visits over 6 weeks can be recommended. In this case, the number of initial treatments being requested is in excess of the guideline recommendation and not considered medically necessary.