

<b>Case Number:</b>	CM13-0068908		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology and is licensed to practice in California 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 physician 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 claimant presents with a date of injury of 4/30/03. The claimant sustained bodily injuries when she tripped on a tray stand and fell, landing on her left knee and jamming her left shoulder against the floor while working as a waitress. It is also reported that the claimant sustained injury to her psyche secondary to her work-related physical injuries. In his 12/13/13 "Objection to Utilization Review Determination and Request for Reconsideration" report, [REDACTED] diagnosed the claimant with: (1) Depressive disorder NOS, secondary to industrial musculoskeletal injuries; (2) Pain disorder associated with psychological factors and a general medical condition; and (3) Alcohol abuse, in remission X3 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT psychotherapy, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

**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

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive behavioral treatment of depression will be used as reference in this case. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] at [REDACTED] since at least November, 2012 although she was initially evaluated by [REDACTED] in 2008. The exact number of completed sessions to date is unknown. There is also limited information indicating whether any progress or improvements have been made within psychotherapy. It is noted that the claimant is permanent and stationary, however, for continued treatment to be warranted, the claimant needs to be benefitting and improving in some way and this needs to be documented. Without this information, the request for continued "CBT psychotherapy, 6 sessions" cannot be substantiated and is therefore, not medically necessary.