

<b>Case Number:</b>	CM14-0002316		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 licensed 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 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 52 year-old male with a date of injury of 1/12/11. The injured worker sustained injury to his back while pushing a large bar that got hung up on a stirrup, placing the injured worker in an uncomfortable position that caused a popping sensation in his back. The injured worker sustained this injury while working as an iron worker for [REDACTED]. In the primary treating physician's progress report (PR-2) report dated 12/11/13, [REDACTED] diagnosed the injured worker with: (1) Lumbar radiculopathy; and (2) Spinal/lumbar degenerative disc disease (DDD). He has been treated with medications, epidural injections, facet injections, physical therapy, H-Wave, and a functional restoration program. It is also reported that the injured worker has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In the Psychological Evaluation & Request for Treatment Authorization dated 12/9/13, [REDACTED] diagnosed the injured worker with: (1) Depressive disorder, not otherwise specified (NOS), moderate to severe; (2) Anxiety disorder, NOS, mild to moderate; and (3) Psychological factors affecting orthopedic condition. He received prior mental health treatment as part of the functional restoration program in 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy, 6 initial sessions with a female,:** Overturned

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

**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:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in 2011. He also has recently experienced an exacerbation of his psychiatric symptoms of depression and anxiety. Although he previously received some psychological services as a part of the functional restoration program in 2012, he has not received any subsequent services. Based on [REDACTED] evaluation dated 12/9/13, the injured worker would benefit from individual services. The ODG recommends an initial trial of 6 visits over 6 weeks. Given this guideline and the injured worker's specific request to see a female therapist, the request is medically necessary.