

<b>Case Number:</b>	CM14-0121441		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/28/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 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 claimant is a 57 year-old female with a date of injury of 10/28/07. The claimant sustained injury to her neck, shoulder, and back when items from an overhead cabinet fell on top of her head while she was on her knees below the cabinet getting some items. The items that fell on her included glass blocks and vases. The claimant sustained this injury while working as an auditor/supervisor for [REDACTED]. In his PR-2 report dated 7/24/14, treating physician, Dr. [REDACTED] diagnosed the claimant with: (1) Pain in joint of shoulder; (2) Thoracic or lumbosacral neuritis or radiculitis, NOS; (3) Lumbago; and (4) Sciatic nerve lesion. The claimant has been treated with medications, injections, acupuncture, physical therapy, and a TENS unit. It is also reported that the claimant as developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the recent "Progress Note" dated 7/23/14, Psychological Assistant, [REDACTED], and Supervising Psychologist, Dr. [REDACTED], diagnosed the claimant with: (1) Major depressive disorder, recurrent; and (2) PTSD. The claimant has been receiving psychotherapy services to treat her psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (CBT) 12 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability 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:** The CA MTUS does not address the treatment of PTSD nor depression therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant began psychotherapy services with [REDACTED], Psychological Assistant to Dr. [REDACTED], in March 2014. At that time, the claimant had been authorized for an initial trial of 6 visits. In May, the claimant began another set of psychotherapy services. This time, an additional 12 sessions were authorized. As of 7/23/14, only 7 of the additional 12 sessions had been completed. Although the claimant may be in need for additional services, the request for an additional 12 sessions is premature since the claimant still had 5 more sessions at the end of July. As a result, the request for "Cognitive Behavioral Therapy (CBT) 12 Sessions" is not medically necessary.