

<b>Case Number:</b>	CM14-0168953		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 claimant is a 37 year-old male (██████████) with a date of injury of 9/27/10. The claimant sustained injury to his back when he retrieved a box of tiles weighing about 150 lbs. from shoulder height and brought them to the ground while working as a warehouse employee for Porcelonosa. In his "Visit Note-Follow-Up Visit" dated 10/9/14, ██████████ diagnosed the claimant with: (1) Thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and (2) Lumbago. The claimant has been treated with medications, physical therapy, chiropractic, epidural injections, and acupuncture. It is also reported that the claimant developed some psychiatric symptoms secondary to his work-related orthopedic injury and chronic pain. In their "Physician's Visit/Progress Note" dated 10/10/14, ██████████ and ██████████ diagnosed the claimant with: (1) Generalized anxiety disorder; and (2) Moderate major depressive disorder, single episode. The claimant has been receiving individual psychological services with ██████████, under the supervision of ██████████. The request under review is for additional individual psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional sessions of cognitive behavioral therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Hoffman, B. M., et al. (2007). Meta-analysis of psychological interventions for chronic low back pain. Health Psychology, 26(1), 1-9;

Cochrane Database of Systematic Reviews, Issue 2, Art. No.: CD007407; Butler, A. C., et al. (2005). The empirical status of cognitive-behavioral therapy; A review of meta-analyses. *Clinical Psychology Review*, 26 (1), 17-31

**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, Cognitive behavioral therapy (CBT)

**Decision rationale:** The CA MTUS does not address the treatment of anxiety nor depression therefore; the Official Disability Guideline regarding the use of cognitive behavioral treatment will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in September 2010. He has also been experiencing psychiatric symptoms of anxiety and depression. According to the medical records/progress notes, the claimant completed 9 out of 10 authorized sessions of individual psychotherapy from 7/11/14 to 10/10/14 with [REDACTED], Registered Psychological Assistant to [REDACTED]. In his "Request for Additional Cognitive Behavioral Therapy Sessions" dated 9/23/14, [REDACTED] presents relevant and appropriate documentation to demonstrate the claimant's objective functional improvements from the psychotherapy completed. The request for an additional 6 sessions falls within the ODG recommendations which recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits (individual sessions) over 13-20 weeks" may be necessary. As a result, the request for "6 additional sessions of cognitive behavioral therapy" is appropriate and medically necessary.