

<b>Case Number:</b>	CM14-0181507		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 37 year-old female [REDACTED] with a date of injury of 8/9/10. The claimant sustained injuries to her low back and leg when she was lifting boxes while working in the shipping department for [REDACTED]. In the RFA dated 10/13/14, [REDACTED] diagnosed the claimant with Lumbago. Additionally, in the "Visit Note" dated 11/3/14, [REDACTED] diagnosed the claimant with: (1) Lumbosacral spondylosis without myelopathy; (2) Lumbar or lumbosacral: arthritis, osteoarthritis, spondyl; (3) Postlaminectomy syndrome of lumbar region; (4) Lumbar disc degeneration; (5) intervertebral disc disorder; (6) Lumbago; (7) Low back pain, low back syndrome, lumbalgia; and (8) Radiculopathy. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. In her "Agreed Medical Evaluation" in psychiatry dated 7/24/14, [REDACTED] diagnosed the claimant with: (1) Depressive and adjustment disorders; (2) History of partner relationship problem; and (3) Pain disorder associated with a general medical condition. The request under review is for initial psychotherapy sessions as recommended in [REDACTED] report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy with a Psychologist x 6 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Guideline regarding the cognitive treatment of depression 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 her injury in August 2010. She has also developed psychiatric symptoms secondary to her work-related pain. In her "Agreed Medical Evaluation" in psychiatry dated 7/24/14, [REDACTED] recommended that the claimant follow-up with psychological counseling since she had yet to receive any psychological/psychiatric services. The request under review from [REDACTED] is based on [REDACTED] recommendation. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this guideline, the request for "Cognitive Behavioral Therapy with a Psychologist x 6 sessions" is appropriate and therefore, is medically necessary.