

<b>Case Number:</b>	CM14-0044026		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/26/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 48 year-old female with a date of injury of 12/26/03. The claimant sustained injuries to her neck, right shoulder, right knee, and back while working as a housekeeper for the [REDACTED]. The mechanism of injury is not found within the medical records. In his Primary Treating Physician's Progress Report and Review of Medical Reports dated 2/21/14, [REDACTED] diagnosed the claimant with: (1) Cervical chronic musculoligamentous injury; (2) Lumbosacral musculoligamentous injury; (3) L5-S1 disc protrusion; (4) Status post right shoulder surgery; (5) Status post right knee arthroscopic surgery; (6) Depression; (7) Cervical intervertebral disc disorder; (8) Lumbar degenerative disc disease; (9) Status post C5-6 anterior cervical discectomy and fusion; (10) Weight gain secondary to multiple etiologies; (11) Anxiety and depression secondary to etiologies; (12) Gastrointestinal upset, improved; (13) Multiple orthopedic injuries, on chronic pain management; and (14) Non-industrial left elbow contusion, resolved. It is also noted that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his PR-2 report dated 1/13/14, [REDACTED] diagnosed the claimant with: (1) Major depression, single episode; (2) Sleep disorder due to a medical condition; and (3) Pain disorder. It is the claimant's psychiatric diagnoses that are most related to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Cognitive Behavioural Therapy x 6 over 2 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 321, Chronic Pain Treatment Guidelines Page(s): 101, 167-238, 210-211, 356. 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.

**Decision rationale:** The California MTUS does not address the treatment of depression therefore, the Official Disability Guidelines (ODG) 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 been receiving psychological services from [REDACTED]. It is unclear however, how many sessions have been completed to date. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions) may be needed. Although the PR-2 reports from [REDACTED] present relevant and appropriate diagnostic and assessment information in addition to objective findings, they do not offer information about the number of completed sessions. Without this information, the need for further sessions cannot be fully determined. As a result, the request f is not medically necessary.