

<b>Case Number:</b>	CM14-0066223		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 57 year-old female (██████████) with a date of injury of 5/5/10. The claimant sustained injury to her low back, sacrum, and hips when she slipped and fell while working for ██████████. In his PR-2 report dated 4/17/14, ██████████ diagnosed the claimant with: (1) Lumbosacral neuritis/radiculitis; (2) Lumbar spondylosis with myelopathy; (3) Lumbar sprain/strain; and (4) Spinal stenosis, lumbar. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his Panel Qualified Medical Evaluation in Psychiatry, dated 1/8/13, ██████████ diagnosed the claimant with Major depressive disorder, recurrent episode, moderate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy times 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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 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, it is noted in [REDACTED] AME report that the claimant first completed a psychological evaluation with [REDACTED] back in January of 2011 and subsequently completed 12 psychotherapy sessions. Also in his report, [REDACTED] noted that the claimant treated with [REDACTED] from September 2012 through December 2012. With regards to current psychotherapy recommendations, [REDACTED] wrote, She completed 12 sessions with a psychologist and found it somewhat helpful. I do not feel she would benefit from further psychotherapy at this time. Based on this recommendation and the fact that the request for 12 sessions exceeds the ODG recommendation for initial sessions (the last treatment was over one year ago), the request for Cognitive Behavioral Therapy times 12 sessions is not medically necessary.