

<b>Case Number:</b>	CM14-0090037		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2014

### 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 47 year-old female (██████████) with a date of injury of 10/5/09. The claimant sustained injuries to her back and hip when she slipped on a wet floor while working as a bar manager for ██████████. In a PR-2 dated 5/29/14, Family Nurse Practitioner, ██████████, diagnosed the claimant with Lumbar strain. In his "Agreed Medical Re-examination" dated 3/18/14, ██████████ diagnosed the claimant with: (1) Chronic lower back pain syndrome, in the setting of multilevel disc disease/spondylosis and history of left lumbosacral radiculopathy in the setting of multilevel spinal stenosis secondary to disc/bulge/protrusion and facet arthropathy, post operative decompression; (2) Chronic left pelvic girdle pain with probable component of piriformis syndrome and acroiliac joint dysfunction pain syndrome, resulting in a moderate gait derangement; and (3) Associated mood disorder with depression and anxiety (see psychological QME report). It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Panel Qualified Medical Evaluation - Psychology" dated 10/14/13, ██████████ diagnosed the claimant with: (1) Mood disorder with depression and anxiety due to a general medical condition; and (2) Pain disorder associated with both psychological factors and a general medical condition. Additionally, previous treating psychologist, ██████████, had diagnosed the claimant with: (1) Adjustment disorder with mixed anxiety and depressed mood; and (2) Pain disorder associated with both psychological factors and a general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 sessions of Cognitive Behavioral Therapy (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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 Stres 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 continues to experience chronic pain since her injury in October 2009. Her symptoms of depression, which had previously been treated by psychologist, [REDACTED], from June 2013-October 2013, have returned. Although the claimant reports trying to use some of the skills learned in therapy to manage her pain and depressed mood, she is having difficulty doing so on a consistent basis. Given the claimant's recent psychological decompensation, the request for psychotherapy sessions appears reasonable. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Although the claimant has already completed an initial trial of session with [REDACTED], the last of those sessions occurred almost 10 months ago. There has been too much time between those sessions and this request to consider this request as follow-up sessions. As a result, the request under review can be understood to be for another trial of sessions. Given the ODG recocommendations, the number of sessions being requested exceeds the initial trial of sessions set forth by the ODG. As a result, the request for 8 sessions of Cognitive Behavioral Therapy (CBT) is not medically necessary.