

<b>Case Number:</b>	CM14-0090440		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 42 year-old female [REDACTED] with a date of injury of 11/29/06. The claimant sustained injury to her back as the result of accumulated work-related stress. The claimant sustained this injury while working as a sale and service generalist for [REDACTED]. The mechanism of injury was not found in the minimal medical records submitted for review. In the visit note dated 5/28/14, [REDACTED] diagnosed the claimant with: (1) Lumbar degenerative disc disease; and (2) Back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for Cognitive Behavioral Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the minimal records submitted (8 pages), there is no indications for a psychological evaluation/consultation. Neither medical record mentioned psychological issues or chronic pain issues that would benefit from cognitive

behavioral therapy. Without any documentation supporting a need for a psychological consultation, the request for a Consultation for Cognitive Behavioral Therapy is not medically necessary.