

<b>Case Number:</b>	CM14-0186342		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 58 year-old male with a date of injury of 4/21/06. The claimant sustained injury to his back while working for [REDACTED]. The mechanism of injury was not found within the records submitted for review. In his PR-2 report dated 10/10/14, [REDACTED] diagnosed the claimant with: (1) Chronic pain; (2) Left postlaminectomy syndrome; (3) Facet arthropathy; and (4) Stenosis, lumbar. Additionally, in his PR-2 Follow-Up report dated 9/16/14, [REDACTED] diagnosed the claimant with: (1) Status post spinal cord stimulator placement on 6/29/12; (2) Chronic pain; (3) Status post L4 through S1 laminectomy fusion; and (4) Left postlaminectomy syndrome. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 10/15/14, treating psychiatrist, [REDACTED] diagnosed the claimant with: (1) Major depression; (2) Adjustment disorder with mixed emotional features; and (3) Chronic pain syndrome. The claimant has been receiving medication management services from [REDACTED] and psychotherapy from [REDACTED]. The request under review is for 4 retrospective psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 4 Individual Psychotherapy Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

**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, Cognitive Therapy for Depression

**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 been receiving psychiatric services from [REDACTED] and psychological services from [REDACTED]. As a result, there was no information regarding the number of psychotherapy sessions already completed or the claimant's progress from those sessions. Without this information, the prior need for retrospective sessions cannot be determined. As a result, the request for Retro 4 Individual Psychotherapy Sessions is not medically necessary.