

<b>Case Number:</b>	CM14-0199334		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### 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 injured worker is a 57 year-old male (██████████) with a date of injury of 8/11/2005. The injured worker sustained injury to his back while he was lifting and carrying tools and other items while working as a machinist for ██████████. In his 11/25/2014 "Visit Note" treating provider, ██████████ diagnosed the injured worker with: Syndrome postlaminectomy lumbar; lumbar disc displacement without myelopathy; and Degeneration lumbar lumbosacral. The injured worker has received several treatments over the years that have included medications, epidural injections, acupuncture, home exercise program, participation in an FRP; surgery, and use of a TENS unit. It is also reported that the injured worker developed psychological symptoms of depression with anxiety secondary to his work-related orthopedic injuries. The injured worker first completed a psychiatric AME in 2009 with ██████████ and again with him in March 2014. ██████████ diagnosed the injured worker with Major depressive disorder, moderate, without psychosis and Pain disorder with both psychological factors and a general medical condition. It is noted that the injured worker received some psychological care from ██████████ while participating in the 6-week FRP at the end of 2011. He was evaluated by ██████████ for individual services in January 2012 and has been receiving psychological services since that time. The request under review is for an additional 12 psychotherapy sessions with ██████████. This request was denied by UR in November 2014, but did receive a modified authorization for an additional 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Follow-up visits with Psychologist for CBT: Upheld**

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

**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:** Based on the review of the medical records, the injured worker has been receiving ongoing psychological services from [REDACTED] since January 2012. There were limited records included for review from [REDACTED]. As a result, it is unclear as to how many sessions have been completed to date nor the progress/improvements that have been made as a result of those sessions. Without sufficient documentation to support the need for additional treatment, the need for additional psychotherapy sessions cannot be fully determined. Additionally, the request for an additional 12 sessions appears excessive given the number of years that the injured worker has been receiving psychological services. As a result, the request for "12 Follow-up visits with Psychologist for CBT" is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 sessions in response to this request.