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| <b>Case Number:</b>   | CM14-0200472 |                              |            |
| <b>Date Assigned:</b> | 12/10/2014   | <b>Date of Injury:</b>       | 01/11/2006 |
| <b>Decision Date:</b> | 01/28/2015   | <b>UR Denial Date:</b>       | 11/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 a licensed Psychologist (PHD, PSYD) 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 injured worker is a 51 year-old male with a date of injury of 1/11/2006. The injured worker sustained injury to his back when he lifted a 40 lb. box while working as a supervisor for [REDACTED]. In his PR-2 report dated 9/11/14, [REDACTED] diagnosed the injured worker with: (1) Lumbar radiculopathy; (2) Lumbar post laminectomy syndrome; (3) Urological problems, difficulty urinating; and (4) Hernia at anterior fusion. He has received treatment for his orthopedic injury that has included medications, physical therapy, epidural steroid injections, and surgery. It is also reported that the injured worker experiences psychiatric symptoms that have been exacerbated as a result of the work-related injury. In a letter dated 12/15/14, treating therapist, [REDACTED], indicated that the injured worker is diagnosed with: (1) Bipolar disorder, type I, severe with psychotic features; (2) Obsessive compulsive disorder; and (3) Drug dependence in remission as of Sept. 17, 2014. The request under review is for an additional 8 psychotherapy sessions with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Psych therapy time 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Behavioral Therapy (CBT), ODG-Psychotherapy Guidelines.

**Decision rationale:** The CA MTUS does not address the treatment of psychological disorders therefore, the Official Disability Guideline regarding the use of cognitive behavioral therapy (CBT) will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience pain since his injury in January 2006. He has also been struggling with psychiatric symptoms related to bipolar disorder, the OCD, and previous drug dependence. He has been receiving psychotropic medications from the doctor and psychological services. Other than a letter dated 12/15/14, there were no other psychological records from [REDACTED] included for review. In the letter, the psychologist offered a diagnosis and indicated that the last psychotherapy session was completed on 9/17/14. However, there was no indication of the number of completed sessions to date or the objective functional improvements made from those sessions. Without this information, the need for additional psychotherapy cannot be fully determined. As a result, the request for "Additional Psych therapy time 8 sessions" is not medically necessary.