

<b>Case Number:</b>	CM14-0201800		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 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 43 year-old female (██████████) with a date of injury of 11/13/2012. The injured worker sustained injury to her back when she lifted a 25 lb. box of plastic bags by the handle and the handle broke, causing her to twist her back while attempting to catch the falling box. The injured worker sustained this orthopedic injury while working for ██████████. In her "Appeal of Denial" letter dated 12/2/14, treating physician, ██████████, diagnosed the injured worker with: (1) Lumbar degenerative disc disease; (2) Lumbar radiculopathy; (3) Left sciatica; (4) Depression; and (5) Neurogenic bladder. The injured worker has been treated for her orthopedic injuries with medications, physical therapy, chiropractic, epidural lumbar injections, and an FRP. She has also developed psychiatric symptoms secondary to her work-related orthopedic injury and pain. She has been receiving psychotherapy and psychotropic medication management services to treat her psychiatric symptoms. In her "Psychiatric Consultation" dated 10/7/14, ██████████ diagnosed the injured worker with: (1) Depressive disorder, NOS; and (2) Pain disorder associated with both psychological factors and a general medical condition. Additionally, in his "Progress Note" dated 11/5/14, treating Psychologist, ██████████ noted that the injured worker complained of symptoms of depression, fatigue, exhaustion and feeling frustrated and discouraged. He recommended additional psychotherapy sessions in order to "provide continued support for this patient as she develops skills and perspectives to better manage her symptom distress. She is still experiencing periodic suicidal ideation and should be regularly monitored for risk." Lastly, in her appeal letter from December 2014, ██████████ indicated that the injured worker "has on multiple occasions expressed suicidal ideations and a plan at every one of her clinic sessions and psychological sessions." The request under review is for an additional 6 psychotherapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional sessions of CBT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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.

**Decision rationale:** Based on the medical records, the injured worker participated in a functional restoration program that was found to be beneficial. She continued with follow-up outpatient psychotherapy with [REDACTED] beginning in September 2014 for a total of 6 psychotherapy sessions. However, she has continued to experience psychiatric symptoms related to depression and anxiety secondary to her work-related orthopedic injury and pain. In his in "Progress Note" dated 11/5/14, treating Psychologist, [REDACTED] noted the continued symptoms and recurring suicidal ideation and recommended an additional 6 sessions of psychotherapy. 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" may be necessary. Given the information and clinical rationale offered by [REDACTED] and [REDACTED] for additional sessions, the request for "Six additional sessions of CBT" appears reasonable and medically necessary.