

<b>Case Number:</b>	CM14-0206908		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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 injured worker is a 55 year-old male (██████████) with a date of injury of 12/1/2010. The injured worker sustained injury to his back and neck when he slipped on a wet floor and fell while working as a produce clerk for ██████████. He has been diagnosed with: Thoracic or lumbosacral neuritis or radiculitis, NOS; Lumbar disc displacement without myelopathy; and Lumbago. He has been treated with medications, injections, physical therapy, heat and ice treatment, surgery, psychotherapy, and biofeedback. It is also reported that the injured worker developed psychological symptoms of depression secondary to his work-related orthopedic injury. In his "Clinical Record" dated 11/9/14, ██████████ diagnosed the injured worker with: Major depressive disorder, single episode; Alcohol abuse; and Pain disorder associated with both psychological factors and a general medical condition. The injured worker has completed 4 psychotherapy sessions to date. 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:

**Cognitive Behavioral Therapy sessions QTY 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23 and 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (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.

**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, it appears that the injured worker was evaluated by ██████ in January 2014, who recommended follow-up psychological services. In September 2014, the injured worker was authorized for an initial psychological evaluation and 4 CBT sessions. He completed an initial psychological evaluation with ██████ on 10/17/14 and completed 4 subsequent psychotherapy sessions. In his treatment note dated 11/7/14, ██████ identified improvement in the injured worker's sleep regimen and in decreasing motivation and anhedonic symptoms from the 4 completed sessions. Despite these improvements, the injured worker continues to struggle with depressed mood. The request for an additional 6 sessions appears reasonable. 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. As a result, the request for additional "Cognitive Behavioral Therapy sessions QTY 6" is medically necessary.