

<b>Case Number:</b>	CM15-0006841		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 65-year-old male who sustained an industrial injury on 3/18/2010. He has reported falling off a chair and injuring the upper and lower back and hands. The diagnoses have included major depressive disorder and sleep disorder, cervical spine degeneration with chronic pain, right sided cervical radiculopathy, neuropathy, tic, bilateral carpal tunnel syndrome, cubital tunnel syndrome and anxiety. Treatment to date has included physical therapy, home exercises, epidural steroid injections, hand surgery in 2013, and medication management. Currently, the IW complains of right lower back pain and unchanged hand pain. Treatment plan included 4 sessions of Cognitive behavioral Therapy and Relaxation Training Sessions. On 12/16/2014, Utilization Review non-certified review of 4 sessions of Cognitive behavioral Therapy and Relaxation Training Sessions, noting lack of medical necessity. The MTUS was cited. On 01/13/2015, the injured worker submitted an application for IMR for 4 sessions of Cognitive behavioral Therapy and Relaxation Training Sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Sessions of Therapy for Cognitive Behavioral Therapy and Relaxation Training Sessions:**  
 Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/5/2014. He participated in follow-up psychotherapy sessions with [REDACTED] and his associate following the initial psychological evaluation. Unfortunately, the number of completed sessions to date is unknown, as they are not noted in the PR-2 reports submitted for review. Additionally, although the BAI and BDI are used to document some objective functional improvements, no other progress or improvements are noted. The ODG recommends a total of up to 13-20 psychotherapy sessions in the treatment of depression as long as CBT is being completed and there is objective functional improvements being demonstrated. Without knowing the number of completed sessions nor having sufficient information regarding objective functional improvements, the need for additional psychotherapy cannot be fully determine. As a result, the request for an additional 4 CBT and relaxation therapy sessions is not medically necessary.