

<b>Case Number:</b>	CM15-0133481		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 47 year old female, who sustained an industrial injury on 2/06/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include major depressive disorder, single episode, and chronic pain. Treatments to date include Effexor, Trazodone, and psychotherapy. Currently, she complained of depressed mood, decreased attention and memory, poor self-esteem, low energy, and irritability, anxiety with somatic symptoms, however, there was less intensity reported. Symptoms were decreased with group therapy and medications. On 4/30/15, the physical examination documented no acute clinical findings. The plan of care included continued cognitive behavioral therapy once a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 1 time a week times 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT guidelines for chronic pain.

**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 therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving group psychotherapy from [REDACTED] and/or her interns. It is unclear from the documentation as to the number of completed sessions to date. There are several group progress notes included for review however; there is some discrepancy in their session numbers. One note, dated 2/24/15, indicates that it is session #1. Another note, dated 3/12/15, indicates session #1. A note, dated 3/10/15, indicates session #9. The most recent note, dated 5/14/15, indicates that it is session #10. Based on these inconsistencies and/or errors, the number of completed sessions to date is unknown. Additionally, the progress and improvements being made as a result of the services are minimal. Without accurate and sufficient information regarding completed services, the need for additional treatment cannot be determined. As a result, the request for an additional 6 CBT sessions is not medically necessary.