

<b>Case Number:</b>	CM15-0142426		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 male who sustained an industrial injury on 06-22-12. He reported repetitive injury. The injured worker was diagnosed with sprains-strains of the lumbar spine, sacrum, hip, thigh, and right ankle, and cervical radiculopathy. Prior diagnostic testing and treatment included x-rays, MRI, EMG-NCV, lumbar spine and knee surgery, steroid injections, physical therapy, chiropractic care, and pain medication management. Current diagnoses include cervical radiculopathy, internal derangement of knee, lumbosacral radiculopathy, knee tendinitis-burs, sleep disorder due to pain-insomnia type, and adjustment disorder with anxiety. Diagnostic testing and treatment to date has included psychiatric evaluation, psychotherapy, and symptomatic medication management. Currently, the injured worker complains of anxiety, depressed mood, irritability, and suicidal ideation. He is worried about financial strain and persistent pain. In a progress note dated 06-10-15, the treating provider reports the injured worker appears anxious, depressed, irritable, tense, and tired. Beck anxiety and depression inventory were both severe. Requested treatments include 4 cognitive behavioral therapy sessions. The injured worker is under work restrictions. Date of Utilization Review: 06-29-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**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 psychological services from [REDACTED]. It is unclear from the records as to the number of completed sessions to date nor when sessions began. There are unsigned, hand-written CBT notes including one dating back to 9/9/14. Neither the notes nor any other psychological records offer sufficient information about the completed services. Without information to substantiate the request for additional treatment, the request for an additional 4 CBT sessions is not medically necessary.