

<b>Case Number:</b>	CM15-0164448		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 57 year old female, who sustained an industrial injury on January 4, 2010. The injured worker was diagnosed as having lumbago, bursitis and adjustment disorder with anxiety and depressed mood. Treatment to date has included medication, topical medication, radiofrequency ablation, magnetic resonance imaging (MRI) and cognitive behavioral therapy (CBT). A progress note dated August 1, 2015 provides the injured worker complains of being forced to perform duties beyond established work restrictions. She reports pain and frustration severe enough to make her cry at times and experiencing that her employer makes her feel her injury is her fault. Physical exam notes anxiousness and depression. The plan includes additional cognitive behavioral therapy (CBT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cognitive behavior psychotherapy x 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Behavioral Therapy.

**Decision rationale:** Based on the review of the medical records, the injured has been participating in biweekly psychotherapy with [REDACTED] for a total of 8 sessions. The 8/1/15 PR-2 report indicates that the injured worker continues to work, sometimes beyond her limitations, and that she receives reinforcement from her customers. It also reports that she gets good sleep due to exhaustion. The objective findings do not relate back to the therapy that she has been receiving from [REDACTED]. There is no mention of improved mood or ability to cope with anxiety due to the skills she has learned. Additionally, in the 8/15/15 PR-2 report, the final statement is that "no treatment is requested." As a result of this information and lack of documentation demonstrating the improvements and progress made as a result of therapy, the request for an additional 8 sessions is not medically necessary.