

<b>Case Number:</b>	CM15-0049571		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 53 year old female, who sustained an industrial injury on 07/30/2012. She has reported subsequent back and hip pain and was diagnosed with lumbar strain/sprain, lumbar radiculopathy, hip pain with labrum tear and depression. Treatment to date has included oral pain medication, TENS unit, application of heat and ice and anti-depressants. In a progress note dated 02/06/2015, the injured worker complained of increased depression and 8/10 hip pain. Objective findings were notable for decreased range of motion of the right hip. The physician noted that a request for additional cognitive behavioral therapy sessions was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 cognitive behavioral therapy sessions:** Overturned

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

**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 worker completed an initial psychological evaluation with [REDACTED] in November 2014 and began follow-up psychotherapy sessions. Based on the UR report, the injured worker was authorized for an initial 4 psychotherapy sessions. In the PR-2 report dated 1/22/15, [REDACTED] indicates that the injured worker continues to struggle with depressed mood and anxiety despite some progress. Although there is limited information about the injured worker's objective functional improvements from the completed sessions, it appears that the injured worker would benefit from some additional sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvements, total of up to 13-20 visits" may be needed. Since the injured worker had only been authorized an initial trial of 4 visits instead of 6 and she is still in need of services, the request for an additional 6 visits is reasonable and within the ODG recommendations. As a result, the request for 6 CBT sessions is medically necessary.