

<b>Case Number:</b>	CM15-0087933		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/13/1993
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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(n) 44-year-old male, who sustained an industrial injury on 8/13/93. He reported depression and anxiety related to chronic pain. He injured his neck and lower back during a car accident. The injured worker was diagnosed as having depressive disorder, lumbar degenerative disc disease and post laminectomy syndrome. Treatment to date has included cognitive behavioral therapy, oral pain medications and a lumbar epidural injection with no reported relief. As of the PR2 dated 3/21/15, the injured worker reports feelings of sadness, sleep disturbance, appetite changes and denies suicidal ideation. He rates his neck and back pain a 7/10. Objective findings include cooperative behavior, fair recent memory, fair insight, judgment, and good impulse control. The treating physician requested additional cognitive behavioral therapy sessions x 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy sessions 10 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

**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 completed an initial psychological evaluation with [REDACTED] in January 2015 and began subsequent psychotherapy. In the supplemental report dated 3/21/15, [REDACTED] presents relevant and appropriate information regarding the progress that has been made from the completed sessions as well as a description of the continued symptoms requiring additional treatment. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an additional 10 sessions falls within the total number of recommended sessions and it appears reasonable and medically necessary.