

Case Number:	CM14-0142056		
Date Assigned:	09/12/2014	Date of Injury:	01/08/2013
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Psychology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 30 year-old female (██████████) with a date of injury of 1/8/13. The claimant sustained injury to her back when she was carrying a heavy tray loaded with cheese weighing approximately 40 lbs. The claimant sustained this injury while working for ██████████. In his "Primary Treating Physician's Progress Report" dated 8/15/14, ██████████ diagnosed the claimant with: (1) Chronic low back pain from spondylosis and anterior subluxation and instability at L5-S1, though to be due to spondylosis of pars intrarticularis of L5 and mild early DDD at L5-S1; (2) Possible bilateral sacroilitis; (3) Insomnia secondary to pain; and (4) Depression secondary to her injury. Additionally, in the "PM&R Consultation" dated 8/11/14, ██████████ diagnosed the claimant with: (1) L5 spondylosis; (2) L5-S1 degenerative disc disease; (3) Depression; (4) Insomnia; and (5) Deconditioning. It is also reported that the claimant has developed symptoms of depression and anxiety secondary to her work-related orthopedic injury. In his psychiatric report dated 7/18/14, ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Psychological factors affecting medical disorder; and (3) Chronic pain disorder. The claimant has not participated in any psychological services for this claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Visits of Cognitive Behavioral Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the claimant continues to experiences chronic pain since her injury in January 2013. She has also developed symptoms of depression secondary to her chronic pain. [REDACTED] presented relevant and appropriate information substantiating the need for psychological services however, the request for 12 initial CBT sessions exceeds the recommended number of initial sessions set forth by both the CA MTUS and ODG. As a result, the request for "12 Visits of Cognitive Behavioral Therapy" are not medically necessary.