

<b>Case Number:</b>	CM15-0174547		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 40 year old male, who sustained an industrial injury on May 9, 2013, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, thoracic and lumbosacral neuritis and lumbago. Treatment included physical therapy, chiropractic sessions, Cognitive Behavioral Therapy, transcutaneous electrical stimulation unit, acupuncture, psychological therapy and home exercise program, pain medications, antidepressants, sleep aides, proton pump inhibitor, and topical analgesic ointment. Currently, the injured worker complained of ongoing low back pain radiating into the right lower extremity with numbness and tingling. He rated his pain 7 out of 10 on a pain scale from 0 to 10. The pain made it difficult to perform any activities of daily living, family and recreational needs. He was noted to have decreased range of motion and back pain with radiculopathy. His depression secondary to his pain and immobility increased his sleep loss and decreased his self-care. His motivation was deeply impacted and preoccupations with low self-worth. The treatment plan that was requested for authorization included five additional Cognitive Behavioral Therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy, 5 additional sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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] and has completed 9 of 10 authorized sessions. In the 7/28/15 progress report, [REDACTED] provides appropriate information regarding the injured worker's continued symptoms despite his active participation in therapy. She reports that he is in need of continued services, which was confirmed by [REDACTED] progress report on 8/13/15. In that report, [REDACTED] seconded [REDACTED] recommendations for additional treatment and recommended 5 additional CBT sessions, which the request under review is based. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7- 20 weeks, if progress is being made." Given the fact that the injured worker has only completed 9 sessions and remains symptomatic, the request for an additional 5 sessions appears reasonable based on the ODG recommendations. Therefore, the request for an additional 5 CBT sessions is medically necessary.