

<b>Case Number:</b>	CM15-0077302		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 58 year old female who sustained a cumulative industrial injury on 05/14/2010. The injured worker was diagnosed with lumbar spine degenerative disc disease, facet arthropathy, spondylolisthesis, L3 over L4 with instability, stress and anxiety. Treatment to date includes conservative measures, activity modification, physical therapy, chiropractic therapy, acupuncture therapy, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program, ultrasound treatment, psychotherapy individual and group sessions, lumbar epidural steroid injection (ESI) in September 2014 and medications. According to the primary treating physician's progress report on March 17, 2015, the injured worker was evaluated for neck and low back pain. The injured worker reports painful movements of her neck with pain radiating from her right shoulder to the level of her hands and fingers. The low back pain radiates to her tailbone, left hip and lower extremity. Examination of the lumbar spine demonstrated tenderness to palpation in the left L5-S1, left sciatic notch, lateral aspect of the left thigh, anterior aspect of the knee and medial aspect of the left calf. Flexion, extension and lateral flexion are limited. Paresthesia is noted in the anteromedial aspect of the left knee, medial aspect of the left thigh and calf. There was no cervical spine examination performed. Current medications are listed as Tramadol, Ibuprofen, Aspirin, and Skelaxin. According to the psychological report on January 30, 2015, Mirtazapine was added to help with insomnia. Treatment plan consists of lumbar epidural steroid injection (ESI); continue prescribed medications, follow-up appointments and the current request for Cognitive Behavioral Psychotherapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy psychotherapy x 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological treatment Page(s): 23, 101-102.

**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] on 9/8/14. It appears that she has been receiving subsequent group therapy with [REDACTED] and occasional individual therapy with [REDACTED]. It is unclear from the submitted records as to the exact number of completed sessions to date. Despite this, the records do present evidence of objective functional improvements from the completed sessions. The ODG recommends a total of up to 13-20 sessions for the cognitive treatment of depression as long as CBT is being completed and there is evidence of objective functional improvements. As a result, the request for an additional 6 sessions appears to fall within the recommended guidelines. As a result, the request is medically necessary.