

<b>Case Number:</b>	CM13-0010751		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	06/05/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 licensed 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 physician 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 67 year-old female with a date of injury of 6/5/10. According to medical records, the claimant sustained a fracture to her right ankle when a bicycle that she was riding slipped and she fell. She sustained this injury while working as a registered nurse for [REDACTED]. She is diagnosed with: Fracture Ankle not otherwise specified. Additionally, in his Qualified Medical Examination report dated 3/7/13, [REDACTED] diagnosed the claimant with a depressive disorder not otherwise specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

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

**Decision rationale:** The claimant received an "Initial Comprehensive Psychological Evaluation" by [REDACTED] on 11/28/12. In that evaluation, [REDACTED] recommended psychotherapy and biofeedback sessions. It is unclear whether the claimant received those services. On 3/7/13, the claimant completed a "Panel Qualified Medical Examination in Psychology" from [REDACTED]

It does not appear that the claimant received any psychological services following [REDACTED] report. There were no psychiatric medical records for review and there was limited mention of psychiatric symptoms from any of the claimant's current treatment providers. The CA MTUS recommends psychological treatment for chronic pain; however, it favors a stepped care approach. Although [REDACTED] suggested further services, there is no other documentation indicating the need for services. Additionally, the request for "psychological treatment" is too vague because it doesn't request a specific number of sessions nor duration for services. The Official Disability Guidelines indicate that for the behavioral treatment of pain, an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions)" may be needed. Based on a lack of information and the request being too vague, the request for "psychological treatment" is not medically necessary.