

<b>Case Number:</b>	CM13-0024864		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/07/2005
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2013

### 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 35 year-old male with a date of injury of 5/7/05. According to [REDACTED] August 21, 2013 treatment note, the claimant has been diagnosed with cervical disc degeneration, joint pain - shoulder, carpal tunnel syndrome, and psychogenic pain. Additionally, it is noted in [REDACTED] note that the patient continues to report significant anxiety and panic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychology #6 sessions:** Upheld

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

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

**Decision rationale:** It appears from the medical records that the claimant would benefit from psychotherapy sessions related to pain; however, the request for 6 psychotherapy sessions for pain exceeds the initial number of sessions as suggested by the CA MTUS. According to those guidelines regarding the treatment of pain, an initial trial of 3-4 visits over 2 weeks is recommended and with evidence of objective functional improvement, total of up to 6-10 visits

over 5-6 weeks (Individual sessions) may be necessary. The request for 6 sessions of psychotherapy is not medically necessary and appropriate.