

<b>Case Number:</b>	CM13-0032523		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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 29 year old female (██████████) with a date of injury of 8/14/09. According to reports, the claimant sustained an injury to her right ankle, wrists, and low back when she fell hiking with a group of children at ██████████ while working as a recreational activity leader for the ██████████. According to ██████████ most recent "Treating Physician's Progress report" dated 10/25/13, the claimant is diagnosed with: (1) sprain/strain of ankle OT; (2) backache unspecified; and (3) articular cartilage dis multi sites. There is mention in several reports of psychiatric symptoms of depression and anxiety, but no psychiatric diagnosis listed by any treating physician. As a result, the medical diagnoses listed above are the most relevant diagnoses for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 psych visits with ██████████:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Interventions Page(s): 23.

**Decision rationale:** According to medical reports, the claimant received an initial psychological evaluation and subsequent psychotherapy services from ██████████ in late 2011. However, there were no reports submitted by ██████████ for review. It appears that the claimant discontinued seeing ██████████ because it was no longer covered and has not been seen for psychotherapy services since 2012. There are no psychological records to review and it does not appear that an updated psychological evaluation has been conducted to indicate the need for continued services. Further, the request for "6 psych visits" exceeds the initial trial of visits as suggested by the CA MTUS. According to the CA MTUS regarding the behavioral treatment of pain, it is recommended that an "initial trial of 3-4 visits over 2 weeks" be offered and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. Based on these guidelines, the request for "6 psych visits" is not medically necessary.