

<b>Case Number:</b>	CM13-0037936		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 patient is a 43-year-old male injured on 5/3/07 after falling while lifting heavy items into a dumpster. The patient hurt his lumbar spine, left knee, head and jaw. On 8/10/07 the patient had a second fall. The patient reported that his knee buckled while walking and he fractured his maxilla. The patient's physician treated him for ongoing head and neck pain and headaches. The physician recommends psychiatric/psychologic evaluation and treatment. The patient was assessed by a psychiatrist on 11/18/08 with a reported global assessment of functioning (GAF) score of 60. The initial agreed medical evaluator, noted major depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 6 pain psychology sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy section

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

**Decision rationale:** MTUS guidelines recommend behavioral interventions, indicating that the identification and reinforcement of coping skills is often more useful in the treatment of pain

than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG guidelines for cognitive behavioral therapy (CBT) for chronic pain indicate to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Guidelines further recommend an initial trial of 3-4 psychotherapy visits over 2 weeks. In this case, based on the medical records submitted for review, there is no evidence of a diagnosis of post traumatic stress disorder. Moreover, the request for 6 pain psychology sessions exceeds the amount recommended by guidelines, thus the request is not medically necessary. The request for 6 pain psychology session is not medically necessary and appropriate.