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| <b>Case Number:</b>   | CM13-0039055 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 02/28/2013 |
| <b>Decision Date:</b> | 03/07/2014   | <b>UR Denial Date:</b>       | 09/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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 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 28 year old male with a date of injury of 2/28/13. The claimant sustained injuries to his head and neck when he slipped and fell on a wet floor, landing on his back. He was injured while working as a brewer for [REDACTED]. In his PR-2 report dated 12/9/13, physician's assistant, [REDACTED], diagnosed the claimant with: (1) Post concussion syndrome; (2) Cervical sprain/strain/neck; (3) Headache; and (4) Left Epicondylis, elbow lateral. The claimant has been treated via medications, physical therapy, TENS, and chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy Times six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy for chronic pain.

**Decision rationale:** The CA MTUS guidelines regarding the behavioral treatment of chronic pain will be used as reference for this case. Based on a review of the medical records, the claimant has been receiving conservative medical care for his injuries and chronic pain. There is

mention of depressive symptoms, but the claimant has not received a definitive diagnosis. There was no psychological evaluation conducted prior to this request. Without a thorough psychological evaluation to shed light on the claimant's psychological issues and offer further treatment recommendations, the request for cognitive behavioral therapy appears premature. As a result, the request for "cognitive behavioral therapy times (6)" is not medically necessary. It is noted that the claimant was authorized to complete a psychological evaluation that was scheduled for 12/4/13.

**Psych Evaluation and follow-up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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

**Decision rationale:** The CA MTUS guidelines regarding psychological evaluation related to chronic pain will be used as reference for this case. Based on a review of the medical records, the claimant has been receiving conservative medical care for his injuries and chronic pain. There is mention of depressive symptoms, but the claimant has not received a definitive diagnosis. The claimant has not completed a psychological evaluation to determine the key psychological issues and to offer further treatment recommendations. This step is imperative before any future psychological services can be conducted. The claimant's continued symptoms justify and warrant a psychological evaluation. However, follow-up cannot be determined until the completion of the evaluation. As a result, the request for "psych evaluation and follow-up" is not medically necessary. It is noted that the claimant was authorized to complete a psychological evaluation that was scheduled for 12/4/13.