

<b>Case Number:</b>	CM13-0045961		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 32 year-old male (██████████) with a date of injury of 5/3/11. The claimant sustained multiple orthopedic injuries to his right leg as well as injury to his left ankle when he was run over by a forklift while working for ██████████. In his 11/25/13 PR-2 report, ██████████ diagnosed the claimant with: (1) S/P right carpal tunnel release, 7/25/13; (2) Persistent left carpal tunnel syndrome; (3) History of multiple fractures in the right lower extremity, left ankle fracture, S/P multiple surgery with most recent one for nonunion right femur, 9/13/12; and (4) Chronic low back pain. The claimant has received numerous conservative therapies as well as surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL INDIVIDUAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines pgs.23, 101-102.

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatment

and the use of behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant received psychological services from [REDACTED] from sometime (possibly September) in 2011 through November 2012. The number of completed sessions nor the progress of those sessions are known. Given that the claimant has not had any recent psychological services and the last psychological evaluation is a couple of years old, the request for individual psychotherapy is premature as there is no recent information offered regarding treatment recommendations. Additionally, the request for "Psychological Individual Therapy" remains too vague as it does not offer enough information about the number of sessions being requested nor the duration of time that the sessions are to occur. As a result, the request for "PSYCHOLOGICAL INDIVIDUAL THERAPY" is not medically necessary.