

<b>Case Number:</b>	CM13-0053163		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2000
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 patient reported a date of injury of 7/21/00. The patient sustained injury to her head, low back, and both lower and upper extremities when the left upper part of her body was caught in a school bus door and she had to pull her arm out of the door as the bus driver began to drive away. Over the years, she has been medically treated via medications, physical therapy, heating modalities, a TENS unit, injections, and a spinal cord stimulator. Most recently, in his "Initial Pain Management Consultation" dated 10/16/13, [REDACTED] provided the following impressions: (1) Neuropathic pain with sympathetic component; (2) Severe myofascial pain; (3) Clinical depression; (4) History of complex regional pain syndrome without receipt of medical records documenting this.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 psychological sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,101-102.

**Decision rationale:** The CA MTUS guidelines regarding psychological treatment and behavioral interventions for the treatment of chronic pain are being used as reference for this case. Based on the review of the medical records, the patient would likely benefit from psychological services. However, the patient has not received a recent psychological evaluation that would provide relevant diagnostic information and provide recommendations for further treatment. Without a recent psychological evaluation offering treatment recommendations, the request for psychotherapy sessions is premature. As a result, the request for "six psychological sessions" is not medically necessary.