

<b>Case Number:</b>	CM13-0071994		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 61 year-old female [REDACTED] with a date of injury of 8/24/10. The claimant sustained injury when she was walking to a nursing facility. She crossed the street, stepped on a curb and fell forward, breaking her fall with her outstretched right arm and landing on her right hand and knees. The claimant sustained this injury while working for [REDACTED]. In his PR-2 report dated 12/17/13, [REDACTED] diagnosed the claimant with: (1) Anxiety/depression; (2) History of migraine headache; (3) Bilateral shoulder internal derangement; (4) Bilateral knee internal derangements, with arthritic changes; (5) Cervical-and-lumbar radiculopathy, associated with disc protrusion; and (6) Bilateral hip strain/sprains. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 3/19/13 Joint Agreed Medical Evaluation, [REDACTED] diagnosed the claimant with: (1) Depressive disorder NOS; (2) Anxiety disorder NOS; and (3) Pain disorder with both psychological factors and general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY X 12 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The CA MTUS guideline regarding the use of psychological treatments in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has received quite a bit of psychological services over the years as the result of several injuries since early 1990. It does not appear that the claimant has received any psychological services following her injury in 2010. In his 12/17/13 PR-2 report, [REDACTED] wrote, "The patient has been very depressed - crying daily. [REDACTED], the Psychiatry AME physician, recommended psychotherapy." Despite this recommendation, the CA MTUS indicates, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Given this guideline, the claimant needs a psychological consultation/evaluation that will offer more specific diagnostic information and appropriate treatment recommendations. Additionally, the ODG indicates that an initial trial of 6 visits over 6 weeks be offered. Given that an evaluation has not been conducted, the request for psychotherapy appears premature. Additionally, the request exceeds the total number of initial sessions set forth by the ODG. As a result, the request for psychotherapy x 12 sessions is not medically necessary.

