

<b>Case Number:</b>	CM14-0016680		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Board Certified in Clinical Psychology and has a subspecialty in Health Psychology, Pain Management 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:

Based on the records provided for this independent review, this is a 60 year old male who reported an occupational / industrial work-related injury 5/14/13 when he was standing on a netting while unwrapping merchandise on a pallet and a coworker who operated forklift pulled the net causing the patient to fall backwards in his head against the floor very hard and injuring his back and neck. There was likely a concussion and now post-concussion syndrome. A request for four sessions of psychotherapy was made and non-certified due to insufficient documentation of psychological distress to substantiate medical necessity. The patient has medical complaints of constant headache, and neck pain radiating down his arms and hands with numbness and tingling in both the arms and hands. There is also a continuous nagging pain in the mid, upper, and lower back, at times sharp, traveling bilaterally to the legs and feet. Patient has been diagnosed with cervical sprain and strain and cervical radiculopathy shoulder impingement an additional medical diagnoses specified in his chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 SESSIONS OF PSYCHOTHERAPY:** Overturned

**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  
COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

**Decision rationale:** This patient reports significant difficulties with daily activities such as sitting, standing, stair climbing, lifting, pushing and pulling and has almost constant headaches. The patient is having difficulty sleeping and maintaining sleep even when he does fall asleep resulting in severe fatigue. His medical chart indicates that the patient is in medical emotional distress and has depression. It is also been noted in that he probably is having post-concussion syndrome. He is complaining of anxiety and stress due to his not being able to function as he used to. After a careful comprehensive review of the medical charts, the patient does appear to be having significant psychological symptoms and psychological treatment appears medically necessary. According to the MTUS guidelines, cognitive behavioral therapy for depression is indicated as a recommended treatment approach. Therefore, the request for 4 sessions of psychotherapy is medically necessary and appropriate.