

<b>Case Number:</b>	CM14-0165725		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 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 56 year-old female with a date of injury of 2/25/14. The claimant sustained injury to her head, neck and shoulder when a trailer trash door came down onto the front part of her head, causing her to fall to the ground and lose consciousness as she was putting trash away. The claimant sustained this injury while working as a bus driver for [REDACTED]. In the "Neurology Consultation" report dated 5/7/14, [REDACTED] diagnosed the claimant with: (1) Status post head injury, no evidence of brain injury at this time; (2) Mild post-concussion syndrome leading to mild depression; and (3) Cervical sprain. In the PR-2 report dated 10/13/14, [REDACTED] diagnosed the claimant with: (1) Posttraumatic headache; (2) Clinically consistent with cervical radiculopathy; (3) Right shoulder pain; (5) Right shoulder adhesive capsulitis; and (5) Insomnia. Additionally, in his PR-2 report dated 6/6/14, [REDACTED] diagnosed the claimant with: (1) Cervical pain/spasm; and (2) C6-7 bulging disc. She has been treated with medications, TENS unit, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Psycho Therapy Times Twelve (12) Sessions:** Upheld

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

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

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatment and 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 continues to experience chronic pain since her injury in February 2014. She also has exhibited some mild symptoms of depression and anxiety. In the "Doctor's First Report of Occupational Injury or Illness" dated 7/25/14, [REDACTED] recommended and requested both a pain psychology consultation and twelve follow-up visits to "deal with her anxiety and depression associated with persistent pain, mild traumatic brain injury" for which the request under review is based upon. Based on the presenting symptoms, an evaluation was appropriate. However, the request for follow-up services is premature. The CA MTUS states, "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." An evaluation/assessment is necessary in order to gain more specific diagnostic information and render appropriate treatment recommendations. As indicated above, without an evaluation, the request for "Outpatient Psycho Therapy Times Twelve (12) Sessions" is not medically necessary.