

<b>Case Number:</b>	CM14-0048429		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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 51 year-old female [REDACTED] with a date of injury of 10/30/08. The claimant sustained injury to her left wrist when she slipped on a wet floor and fell. The claimant sustained this injury while working as a food server in the cafeteria at [REDACTED] within the [REDACTED]. In his Medical Progress Report dated 5/6/14, [REDACTED] diagnosed the claimant with: (1) Chronic left wrist pain, status post distal radial fracture with ORIF procedure 10/31/2008; (2) Complex regional pain syndrome left upper extremity; and (3) Depression associated with chronic pain. The claimant has been treated via medications, injections, physical therapy, chiropractic, and surgery. Additionally, the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the report dated 12/26/13, [REDACTED] offered the following diagnoses and impressions: (1) RSD/CRPS upper extremity; (2) Pain in limb; (3) Cervical radiculopathy; (4) Chronic pain syndrome; (5) Depression; (6) Anxiety; and (7) Pain disorder associated with both psychological factors and a general medical condition. The claimant has been treated with psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue pain psychology treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Cognitive behavioral therapy (CBT) guidelines. Decision based on

Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 03/14/2014 - ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The California MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline (ODG) regarding the cognitive treatment for depression will be used as references for this case. Based on the review of the medical records, the claimant has received psychological services on and off since her injury. She began services with [REDACTED] in September 2012 and continued until January 2013. Most recently, the claimant resumed psychological services from [REDACTED] in October 2013. It appears that she has completed approximately 20 CBT sessions since that time. The California MTUS recommends a total of up to 10 psychotherapy sessions in the treatment of chronic pain whereas the ODG recommends a total of up to 20 psychotherapy sessions in the treatment of depression. In this case, the claimant has already received the recommended number of total sessions as cited in the guidelines. The request for additional sessions exceeds the recommendations set forth by the California MTUS and the ODG. Additionally, the request to continue pain psychology treatment remains too vague as it does not indicate how many sessions are being requested nor the duration of time for which the sessions are to occur. As a result, the request for continue pain psychology treatment is not medically necessary and appropriate.