

<b>Case Number:</b>	CM14-0051822		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Clinical 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:

According to the records provided for this independent medical review, this patient is a 39 year old female who reported an industrial/occupational work-related injury on December 1, 2010. The injury was reportedly caused by repetitive motion and is a cumulative trauma with a gradual and insidious onset due to her job activities as a radiology technician assistant. The patient has the following medical issues: Cervical Spondylois, Chronic right upper extremity pain, Shoulder pain, left hand pain, status post right shoulder arthroscopy, carpal tunnel syndrome, and psychologically has been diagnosed with Depressive Disorder, NOS; Anxiety Disorder NOS, and Pain Disorder associated with both a General Medical condition and psychological factors. A request for six follow-up visits with a psychologist was made, and non-certified, this independent medical review will address a request to overturn the non-certification of this treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visits with psychologist qty 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), cognitive behavioral therapy (CBT) for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress chapter, topic Psychotherapy guidelines, June 2014 update.

**Decision rationale:** The explanation provided by the utilization review was that the patient had been approved for a full functional restoration program and because of this she is not in need of follow-up visits with a psychologist as they would be redundant with of functional restoration program. There have been improvements in her depressive symptoms as a result of her prior psychological and psychiatric treatments; although she still reports significant anxiety and depression. Objective improvements include improved affect, and better control of anxiety. According to the official disability guidelines, ODG June 2014 update, up to 13 to 20 psychotherapy sessions may be authorized if they are making progress. Patients who have Major Depressive Disorder, Severe may be entitled to up to 50 sessions if progress is being made and there is a medical necessity. Based on my review of this patient's medical chart, it appears that the patient has completed one block of 12 sessions, it appears to me that the patient was approved for a full functional restoration treatment program, but it appears that she did not start the program, possibly due to child care reasons. Because the patient appears to be benefiting from psychological treatment and is showing functional improvements, and because her total number of sessions does not appear to have exceeded the maximum according to the ODG guidelines the finding of this independent medical review is to overturn the non-certification for six additional sessions.