

<b>Case Number:</b>	CM14-0071562		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 Psychologist and is licensed to practice in Texas. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 61-year-old male who reported an injury on 07/29/2010 due to rolling over backwards when stepping chilled water lines to the electrical conduit. The injured worker has diagnoses of cervical pain, congenital stenosis of the cervical spine, cervical myofascial pain, cervical facet syndrome, and possible cervical radiculopathy. Past medical treatment consists of acupuncture, chiropractic therapy, and transforaminal epidural steroid injections under fluoroscopy, physical therapy, and medication therapy. Medications include Norco, Flexeril, Soma, Nortriptyline, Reglan, Ambien, Naprosyn, Terocin topical solution, atenolol, and atorvastatin. The injured worker has undergone MRIs, x-rays, CT scans, and EMGs. On 04/30/2014, the injured worker complained of right sided neck pain, lumbar and thoracic back pain. Physical examination revealed that the injured worker had a pain rate of 3/10 to 6/10 with medication. Examination of the neck and cervical spine revealed that the injured worker had 90% of normal forward flexion with pain in the neck, 10% of normal extension with neck pain, right rotation 70%, and left rotation 90% of normal. There was pain with right lateral bending, positive right Spurling's. The examination also revealed tenderness to palpation over the right upper trapezius muscles and right cervical paraspinals. Examination of the right shoulder revealed a forward flexion of 160 degrees, abduction of 150 degrees, and 170 degrees on forward flexion and abduction on the left. There was a negative right impingement test. Muscle testing revealed a 4+/5 to 5-/5 to the right shoulder with pain. Sensation was intact to light touch over the C5-T1 dermatomes. The exam also revealed that there was a negative Hoffman's test bilaterally with no ankle clonus. The treatment plan is for the injured worker to undergo psychological visits for severe depression. The rationale and Request for Authorization form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Psychology visits for severe depression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

**Decision rationale:** The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over 2 weeks would be recommended, along with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The submitted report indicated that the injured worker's pain was being managed by medication therapy. The injured worker rated his pain rate at 3/10 with pain medications. The submitted report did not indicate how the provider felt 8 psychological visits for severe depression would assist the injured worker with his functional deficits. Furthermore, the submitted report did not indicate that the injured worker was suffering from severe depression. Additionally, the request as submitted did not specify the frequency of the visits. As such, the request for Eight (8) Psychology visits for severe depression is not medically necessary.