

<b>Case Number:</b>	CM14-0080252		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/05/2007
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 59 year-old female ( [REDACTED] ) with a date of injury of 6/5/07. The claimant sustained injuries to her neck, low back, and right and left shoulders with upper extremity pain when a co-worker pulled her chair out from under her and she fell. The claimant sustained these injuries while working for [REDACTED]. In her PR-2 report dated 3/26/14, [REDACTED] diagnosed the claimant with: (1) Cervical disc degeneration; (2) Torticollis, NOS; (3) Brachial neuritis or radiculitis, NOS; (4) Depressive disorder, not elsewhere classified; (5) Thoracic or lumbosacral neuritis or radiculitis, NOS; (6) Unspecified myalgia and myositis. Additionally, in his PR-2 report dated 4/4/14, [REDACTED] diagnosed the claimant with: (1) Bilateral carpal tunnel syndrome; (2) Right shoulder pain; (3) Right shoulder rotator cuff tear, status post repair; (4) Right bicipital tendinitis; (5) Cervicalgia; (6) Bilateral C6-7 radiculopathy; and (7) Left proximal arm mass. The claimant has been treated via medications, injections, physical therapy, and surgery. It is reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their "Psychological Treatment Report" dated 4/8/14, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with psychological factors and a general medical condition, chronic; and (2) Adjustment disorder with mixed anxiety and depressed mood. The claimant has received psychotropic medications and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Psychological Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines; Official Disability Guidelines, Mental Illness and Stress.

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

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain and the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant has been participating in psychotherapy services for a total of 20 sessions. There is some noted progress and improvement from those sessions. However, the request for an additional 4 sessions exceeds the guidelines set forth by both the CA MTUS and the ODG. As a result, the request for 4 Psychological Sessions is not medically necessary.

