

<b>Case Number:</b>	CM13-0028205		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### 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 injured worker is a 55 year old male who sustained an industrial injury on 11/12/11. He reports chronic pain syndrome, with pain in the back, neck, bilateral knees, and diffuse regional myofascial pain. Diagnoses include osteoarthritis, cervical and lumbosacral disc degeneration, depression and anxiety. Treatments to date include medications and a Functional Restoration Program. In a progress note dated 08/21/13 the treating provider recommends continued medication, and additional psychology sessions to further skill building. On 08/26/13 Utilization review non-certified the additional psychology sessions, citing Non-MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX (6) ADDITIONAL SESSIONS OF PAIN PSYCHOLOGY, 1-2 TIMES PER WEEK:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines A CRITERION OF TREATMENT FOR AN INTERDISCIPLINARY PAIN REHABILITATION PROGRAM Page(s): 31-32.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive Therapy For Depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a functional restoration program in May 2013. He was then authorized and completed 6 follow-up individual psychotherapy sessions with [REDACTED], from 7/3/13-8/6/13. In her final psychotherapy visit note from August 2013, [REDACTED] acknowledged that the injured worker's progress had been "poor" and that he remained depressed with feelings of hopelessness. According to the ODG, in order to receive continued services following the initial trial of 6 visits, objective functional improvement needs to be demonstrated. Unfortunately, the injured worker was unable to sustain any consistent progress following his participation in the FRP as well as the follow-up psychotherapy sessions. Without objective functional improvements demonstrated, the request for an additional 6 psychotherapy sessions is not medically necessary.