

<b>Case Number:</b>	CM15-0109154		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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:

This 37 year old man sustained an industrial injury on 8/14/2014 after a slip and fall. Evaluations include thoracic and cervical spine MRIs dated 11/2/2014. Diagnoses include post-concussion syndrome, cervical radiculopathy, chronic pain, insomnia, suicidal ideation and depression, gastrointestinal dysfunction, and urinary difficulties. Treatment has included oral medications, lumbar spine epidural injection, physical therapy, and surgical intervention. Physician notes from the QME dated 12/2/2014 show complaints of right arm tenderness with numbness to the digits, neck pain with radiation down the arm, constant headache, belt line pain on the back, poor mood, and poor memory. Recommendations for future medical care include routine pain management, use of longer acting medications, stop Midrin, request all medical records, consistent psychological care, bilateral upper and lower extremity electromyogram/nerve conduction studies, stop Valium, begin cognitive behavioral therapy, and wean off narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior therapy x 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in August 2014. It also appears that he developed some psychiatric symptoms secondary to his chronic pain. The request under review is for an initial 8 psychotherapy sessions. However, it does not appear that the injured worker has completed a thorough psychological evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations as well. Without having this information, the request for psychotherapy is premature. As a result, the request for 8 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.