

<b>Case Number:</b>	CM15-0131217		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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:

The injured worker is a 32 year old male, who sustained an industrial injury on January 31, 2014, incurring back, neck, right wrist, right elbow, left knee and left ankle injuries from a fall. He was diagnosed with a cervical spine strain, lumbar spine strain, left knee sprain, left ankle strain, right wrist and right elbow sprain. Treatment included anti-inflammatory drugs, pain medications, antidepressants, sleep aides, and work restrictions. Currently, the injured worker complained of upper and lower back pain radiating into the bilateral lower extremities. He complained of cervical spine pain when moving his neck and bending. There was pain noted in his right shoulder and into his right wrist. Range of motion of the lumbar spine was restricted. Straight leg raising was positive in the bilateral legs. Electromyography studies showed bilateral radiculopathy. The injured worker complained of difficulty with activities of living secondary to the chronic pain from his injuries. The treatment plan that was requested for authorization included Behavioral Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral Therapy x6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in 2014. He also developed psychiatric symptoms secondary to how work-related orthopedic injuries and chronic pain. In the initial psychological evaluation, dated 5/1/15, [REDACTED] diagnosed the injured worker with depression and recommended an initial 6 psychotherapy sessions as well as biofeedback sessions. The request under review is based upon these recommendations. Regarding the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 6 visits is reasonable and falls within the recommended number of sessions. As a result, the request for 6 psychotherapy sessions is medically necessary.