

<b>Case Number:</b>	CM15-0182633		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 52-year-old female who sustained an industrial injury on 9-11-06. Provider documentation dated 7-10-15 noted the injured workers reason for visit was "Refill of medication". A review of the medical records indicates that the injured worker is undergoing treatments for cervical spondylosis without myelopathy, brachial neuritis or radiculitis, thoracic-lumbosacral neuritis-radiculitis and lumbosacral spondylosis without myelopathy. Medical records dated 7-10-15 indicated the injured worker was "found to be in no acute distress." Treatment has included use of a cane, lumbar spine magnetic resonance imaging (3-10-14), Hydrocodone since at least August of 2014, Percocet since at least August of 2014, transcutaneous electrical nerve stimulation unit, CAM walker boot, acupuncture treatment and physical therapy. Objective findings dated 7-10-15 were notable for positive straight leg testing on the left and right at 60 degrees, sensations equal bilaterally in lower extremities, mental status was noted as "recent memory is intact. Her mood and affect are normal." The original utilization review (9-2-15) denied a request for Psychological evaluation and counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation and counseling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has completed several psychotherapy sessions. However, there is no information regarding the number of sessions completed so far or documentation of evidence of "objective functional improvement". The request for another Psychological evaluation and counseling is not medically necessary, as she has undergone treatment with psychotherapy a few times since the injury. The request for another Psychological evaluation and counseling is not medically necessary as she has undergone treatment with psychotherapy a few times since the injury.