

<b>Case Number:</b>	CM15-0189477		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/20/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 an 80-year-old female who sustained an industrial injury on 11-20-2004. Diagnoses have included chronic pain, cervical disc displacement without myelopathy, cervicobrachial syndrome, neck pain, pain in shoulder joint, and possible Alzheimer's dementia. She has been treated for original injuries with surgery, injections, therapies, and medication, but documented treatment related to this request is noted as Donepezil and Namenda. The 9-9-2015 neurological examination revealed balance problems, poor concentration, memory loss, and psychiatric complaints of anxiety and depression. The physician noted difficulties obtaining history due to cognitive changes and stated this was dependent on the presence of family being present during office visits. The treating physician's plan of care includes 6 visits with a psychologist but this was denied on 9-18-2015. A psychology consult was certified. The injured worker is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Follow Up Visits with The Psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 suffers from chronic pain, cervical disc displacement without myelopathy, cervicobrachial syndrome, neck pain, pain in shoulder joint, and possible Alzheimer's dementia. Progress report dated 9-9-2015 documented that the neurological examination revealed balance problems, poor concentration, memory loss, and psychiatric complaints of anxiety and depression. It has been suggested that she underwent a psychological consultation in the past; however, it is unclear if she has undergone psychotherapy treatment. She suffers from symptoms of possible Alzheimer's dementia, which affects recent and eventually long-term memory and makes it difficult for the patient to remember and enforce the coping skills learned in psychotherapy. The request for 6 Follow Up Visits with The Psychologist is not medically necessary based on the above information.