

<b>Case Number:</b>	CM15-0208698		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 44-year-old male with an industrial injury date of 07-03-2015. Medical record review indicates he is being treated for low back pain, lumbar degenerative disc disease lumbar discogenic pain, lumbar radiculitis, bilateral shoulder pain partial thickness tear of the left shoulder, rotator cuff tear of right shoulder and chronic pain syndrome. Subjective complaints (09-24-2015) included neck, bilateral shoulder and foot pain. The injured worker scored 12 on the PHQ-9 depression inventory "which indicates moderate depression." "He would like to see someone to help with his depression due to his chronic pain caused by his industrial injury." Objective findings (09-24-2015) included tenderness over the lumbar paraspinal and lumbar facet joints. Sacroiliac joints were tender to palpation bilaterally. The injured worker was documented as alert and oriented times 3, no signs of over sedation or aberrant behavior with pleasant affect. Current (09-24-2015) medications include Norco and Naprosyn. Prior treatment included home exercise program, TENS unit, physical therapy and medications. On 09- 24-2015 the request for cognitive behavioral therapy sessions QTY: 6 were modified to QTY 4 sessions by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy sessions QTY: 6: 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): Behavioral interventions, Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain from his work-related orthopedic injuries. It appears that he has also developed psychiatric symptoms of depression secondary to his chronic pain, which may be interfering with his ability to recover effectively. As a result, it was recommended by [REDACTED] in September 2015, that the injured worker receive psychological services. The request under review is based upon this recommendation. The CA MTUS recommends the use of psychological treatment in the treatment of chronic pain. However, it is recommended that a psychological evaluation be conducted initially in order to generate more specific diagnostic information as well as offer appropriate treatment recommendations. Once an evaluation has been conducted, the CA MTUS recommends an initial trial of 3-4 psychotherapy sessions. Given the fact that the injured worker has yet to complete a thorough psychological evaluation, the request for psychotherapy is premature. As a result, the request for 6 initial psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization of 4 initial psychotherapy sessions in response to this request despite having not completed an initial psychological evaluation.