

<b>Case Number:</b>	CM15-0021513		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Texas  
 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 52-year-old female who reported an injury on 12/29/2008, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her back and wrist. The injured worker ultimately underwent surgical intervention for the lumbar spine that failed to provide any significant relief. The injured worker's postsurgical chronic pain was managed with medications, physical therapy, psychological support and a spinal cord stimulator trial. On 10/02/2014, it was reported that the injured worker had ongoing back pain rated at 6/10 to 8/10 that radiated into the bilateral lower extremities. Physical findings included decreased range of motion of the cervical and lumbar spine due to pain and a positive right sided Phalen's sign of the right wrist. The injured worker's diagnoses included postlaminectomy syndrome of the lumbar region, neuralgia/neuritis/radiculitis, degeneration of the cervical intervertebral disc, carpal tunnel syndrome, venous stasis of the lower extremities, autonomous neurological bladder, gastroesophageal reflux disease and chronic lumbar radiculopathy. The injured worker's treatment plan included cognitive behavioral therapy with [REDACTED] and a translator. It was noted that the injured worker's initial course of treatment of psychological therapy was not effective. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] x 4: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**Decision rationale:** The requested psychological treatment with [REDACTED], x4 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of psychological treatment in the management of chronic pain. However, continuation of behavioral interventions must be supported by functional benefit and symptom response. The clinical documentation indicates that the injured worker did not have a significant response to a previous trial of psychological therapy. Additionally, there is no indication that an additional course of psychological treatment would be beneficial to the patient. As such, the requested psychological treatment with [REDACTED], x4 is not medically necessary or appropriate.