

<b>Case Number:</b>	CM15-0022638		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/03/2004
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 49-year-old male who reported an injury on 11/03/2004 due to an unspecified mechanism of injury. On 01/12/2015 he presented for a followup evaluation regarding his left ankle and left hand pain. He reported left ankle pain that was noted to be moderate. A physical examination showed that he was in no acute distress and that he was cane dependent. He also had a well healing lumbosacral and right iliac incisions with no evidence of gross infection. There was hyperalgesia and hyperesthesia as well as brush mechanoallodynia diffusely along the dorsum and lateral aspect of the foot. He was diagnosed with chronic regional pain disorder (RSD) of the left lower extremity. A request was made for 12 psychotherapy sessions. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Managemnet Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that psychological sessions may be indicated for those who have signs and symptoms of depression, anxiety, and irritability. The documentation provided does not indicate that the injured worker has any signs and symptoms consistent with depression, anxiety, or irritability to support the request. Also, further clarification is needed regarding his past treatments and whether he has undergone psychotherapy previously to address the same injury. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.